



**APPLICATION FOR  
DISABLED PERSON PLACARD OR PLATES**

(NOTE: For lost, stolen, or mutilated disabled person or disabled veteran license plates or placard, please complete an Application For Replacement Plates, Stickers, and Documents [form REG 156 available on DMV Web]).

Please check at least one of the following boxes:

- |   |        |  |        |
|---|--------|--|--------|
| <input checked="" type="checkbox"/> Permanent Parking Placard | No Fee | <input checked="" type="checkbox"/> Disabled Person License Plates | No Fee |
| <input type="checkbox"/> Temporary Parking Placard            | \$6    | <input type="checkbox"/> Travel Parking Placard                    | No Fee |

Travel Parking Placards are issued to applicants with permanent disabilities. A California resident, applying for a Travel Parking Placard, must have a permanent parking placard or disabled person or disabled veteran license plates, but not both. Travel Parking Placards are issued to non-residents for no more than 90 days and to California residents for no more than 30 days.

All applicants must complete sections A, B and E. Disabled Person License Plate applicants must also complete section C.

**A. APPLICANT'S TRUE FULL NAME (PLEASE PRINT)**

LAST NAME	FIRST NAME	MIDDLE NAME	OR ORGANIZATION NAME	DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)
<i>Stringer Timmie</i>				Month      Day      Year

RESIDENCE OR ORGANIZATION ADDRESS APT/SPACE

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER
<i>Oakland</i>	<i>Ca</i>	<i>94604</i>	<i>(510) 365-2273</i>

MAILING ADDRESS

APT/SPACE

CITY

STATE

ZIP CODE

*Oakland*

*Ca. 94604*

**B. Were you ever issued Disabled Person or Disabled Veteran License Plates or a Permanent Parking Placard in California?**

- YES – A doctor's disability certification is NOT required, unless the placard was canceled by the department or is no longer on record. The disabled person or veteran license plates or permanent placard number is 675489.
- NO – A doctor's certification is required. The doctor must complete sections F and G on the reverse side.

**C. IF YOU ARE APPLYING FOR DISABLED PERSON LICENSE PLATES, please describe the vehicle that is registered to you on which you will put the disabled person license plates.**

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	MAKE
<i>5WEH327</i>	<i>JH4CC2559AC019350</i>	<i>Acura Vigor 92</i>

**COMMERCIAL VEHICLE EXEMPTION**

In requesting an exemption from weight fees for the vehicle described above, It weighs less than 8,001 pounds unladen and is the only commercial vehicle for which I have requested this exemption.  Yes  No

**D. IMPORTANT INFORMATION PLEASE READ**

**IT IS ILLEGAL**

- To allow someone to use your placard, if you are not in the vehicle.
- For an individual to have more than one permanent placard.
- To provide false information to obtain a placard or disabled person plates.
- To possess or display a counterfeit placard.
- To alter a placard or placard identification card.
- To forge a doctor's signature.

**IMPORTANT**

- The only legal use of a placard is its display by the person to whom it is issued. The disabled person does not have to own or drive the vehicle to use the placard.
- Placard abuse or misuse can result in the cancellation and revocation of the placard and loss of the privileges it provides.
- Placard and disabled person license plate abuse is a misdemeanor punishable by a fine of not less than \$250, not more than \$1,000, or by imprisonment in a county jail for not more than 6 months, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$1,500, for each conviction.
- To alter, forge, counterfeit or falsify a plate is a felony punishable by 16 months to 3 years in a state prison or up to 1 year in the county jail.
- A person who forges, counterfeits, falsifies or passes, attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or counterfeit placard, or a person who displays with fraudulent intent, or causes or permits to be displayed a forged, counterfeit or false placard is guilty of a misdemeanor and upon conviction shall be punished by imprisonment in the county jail for 6 months or by a fine of not less than \$500 or more than \$1,000, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$3,500 for each conviction.
- The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.
- Any information contained in this application will be available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations.

**E. APPLICANT'S SIGNATURE AND CERTIFICATION**

- I have read the "Important Information" in section D and I fully understand and take responsibility for the use of the disabled person placard or plates that are issued to me.

I certify under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct and that I am a disabled person per CVC 295.5 (as defined in section F) and that I am

Permanently or  Temporarily disabled due to: Total Disability

EXECUTED AT (CITY, STATE)

*Oakland Ca.*

DATE

*1-29-07*

SIGNATURE OF APPLICANT

*Timmie Stringer*

PLICATION FOR  
SON PLACARD OR PLATES

sabled veteran license plates or placard, please complete an Application For 156 available on DMV Web]).

- |  |        |
|--|--------|
| <input checked="" type="checkbox"/> Disabled Person License Plates | No Fee |
| <input type="checkbox"/> Travel Parking Placard                    | No Fee |

ermanent disabilities. A California resident, applying for a Travel Parking sabled person or disabled veteran license plates, but not both. Travel Parking days and to California residents for no more than 30 days.

ed Person License Plate applicants must also complete section C.

ATION NAME	DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)		
	Month	Day	Year
DRIVER LICENSE/ID NUMBER (NOT REQUIRED FOR ORGANIZATIONS)			
5WEH527			
ZIP CODE	DAYTIME TELEPHONE NUMBER		
94604	(510) 365-2273		
SPACE	CITY	STATE	ZIP CODE
	Oakland	Ca.	94604

disabled veteran license plates or permanent parking placard in California

red, unless the placard was canceled by the department or is no longer on s or permanent placard number is 675489 must complete sections F and G on the reverse side.

AGENSER PLATES (please describe the vehicle that is registered to you on	
NUMBER	MAKE
59AC019350	Acura Vigor 92

CIAL VEHICLE EXEMPTION	
vehicle described above. It weighs less than 8,001 pounds unladen and is the exemption. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**INFORMATION - PLEASE READ**

- I the vehicle.  To possess or display a counterfeit placard.  
 accard.  To alter a placard or placard identification card.  
 bled person plates.  To forge a doctor's signature.

on to whom it is issued. The disabled person does not have to own or drive the

and revocation of the placard and loss of the privileges it provides.

isdeemeanor punishable by a fine of not less than \$250, not more than \$1,000, months, or by both fine and imprisonment. The court may also impose a civil

nishable by 16 months to 3 years in a state prison or up to 1 year in the county

tempts to pass, acquires, possesses, sells, or attempts to sell a genuine or dulent intent, or causes or permits to be displayed a forged, counterfeit or false shall be punished by imprisonment in the county jail for 6 months or by a fine of not less than \$500 or more than \$1,000, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$3,500 for each conviction.

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I certify under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct and that I am a disabled person per CVC 295.5 (as defined in section F) and that I am

Permanently or  Temporarily disabled due to: Total Disability

EXECUTED AT (CITY, STATE)

DATE

SIGNATURE OF APPLICANT

01/01/08

1-9-07

D 624



TEMPORARY OPERATING PERMIT	
<input type="checkbox"/> AUTO	<input type="checkbox"/> COML
<input type="checkbox"/> PARK/CH TRLR	<input type="checkbox"/> PTI
THIS CONCERNED VEHICLE'S DAY OF MONTH REQUESTED BY THE BOLO WORDS OR MEDAL	
WATER	EXPIRATION YEAR
LICENSE PLATE NO. OR FILE NO.	
ENGINE ID.	DRIVELINK NO.
REGISTRATION NO.	AMOUNT

Fees to register this vehicle or vessel have been paid to the State of California, Department of Motor Vehicles. This Permit must be supported by either:

1. A Department receipt. The receipt number and the receipt number shown on this permit must agree.
2. A letter issued by the Department confirming the issuance of this Permit.

OR

504

Part 1,2,3,4

*Exhibit*  
*Part-3*

REPORT-ID: PTS650-A  
RUN-DATE : 01/23/2008  
RUN-TIME : 10:31 \$IMC

CITY OF OAKLAND-PARKING  
MULTIPLE TICKET LIST

LICENSE 5WEH527 CA A AUTOMOBILE

VIN NO: JH4CC2559NC019350 DMV: 92 ACUR 4D EXP:08/14/2007

\* ----- ISSUED ----- \*  
TICKET NO \* DATE TIME OFFCR VIOLATION(S)

OWNER'S NAME: STRINGER JIMMIE

TICKET NO	* DATE	TIME	OFFCR	VIOLATION(S)	LOCATION	MAKE	TYPE	COLOR	* ---- STATUS ---- *	AMOUNT DUE
00153018693	01/16/2007	12:48	10	10.28.240	2341 VALLEY ST	ACUR	4DR	WHT	44 DSMD 02/26/2007	.00
00828573174	01/18/2007	09:41	18	10.28.240	3732 ALLENDALE AVE	ACUR	4D	WHT	33 LNRM 08/07/2007	162.00
00154902545	02/06/2007	12:34	12	10.28.240	620 14TH ST	ACUR	4DR	WHT	32 LNFL 11/20/2007	162.00
00828890205	02/21/2007	11:57	346	10.36.050	1404 MLK	ACUR	4D	WHT	32 LNFL 11/14/2007	.00
00828894813	02/23/2007	11:11	345	10.36.050	1413 MLK JR WAY	ACUR	4D	WHT	32 LNFL 11/13/2007	118.00
008288948978	02/24/2007	14:01	256PC	10.36.050	610 14TH ST	ACUR	4D	WHT	32 LNFL 11/14/2007	118.00
008288976093	02/27/2007	09:53	328PC	10.36.050	1402 MARTIN LUTHER K	ACUR	4D	WHT	32 LNFL 12/10/2007	118.00
00153335232	03/02/2007	09:47	328	10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	32 LNFL 11/16/2007	118.00
00153335294	03/03/2007	10:43	328	10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	32 LNFL 11/16/2007	118.00
00153335347	03/03/2007	16:56	328	10.36.050	1401 MARTIN LUTHER KING J	ACUR	4DR	WHT	32 LNFL 11/16/2007	118.00
00828204256	03/06/2007	16:00	329PC	10.36.050	1416 MLK JR WAY	ACUR	4D	WHT	32 LNFL 11/13/2007	118.00
008288933908	03/08/2007	09:20	170	10.36.050	1404 MLKJRWAY	ACUR	4D	WHT	32 LNFL 12/07/2007	118.00
00828933919	03/08/2007	09:25	170	10.28.190	1404 MLKJRWAY	ACUR	4D	WHT	32 LNFL 12/07/2007	135.00
008288934030	03/09/2007	08:07	170	10.36.050	1404 MLK JR WAY	ACUR	4D	WHT	32 LNFL 12/07/2007	118.00
008288934546	03/14/2007	08:43	170	10.36.050	1411 MLKJRWAY	ACUR	4D	WHT	32 LNFL 12/07/2007	118.00
00829207511	03/16/2007	10:23	170	10.36.050	1411 MLKSRWAY	ACUR	4D	WHT	32 LNFL 11/12/2007	118.00
00829207522	03/16/2007	10:25	170	10.28.190	1411 MLKJRWAY	ACUR	4D	WHT	32 LNFL 11/12/2007	135.00

OWNER'S NAME: SWEH527

00150923817	03/23/2007	14:40	328	10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	50 LINV 05/08/2007	35.00
00153929325	03/26/2007	09:14	323	10.36.050	MARTIN LUTHER KING JR WY	ACUR	2DR	WHT	50 LINV 03/29/2007	35.00
00153929359	03/26/2007	14:25	323	10.36.060	MARTIN LUTHER KING JR WY	ACUR	2DR	WHT	50 LINV 03/29/2007	35.00
00150624881	03/27/2007	14:19	325	10.28.190	154 10TH ST	ACUR	4DR	WHT	50 LINV 04/02/2007	40.00
00829313584	04/05/2007	10:36	170	10.36.050	1410 MLKJRWAY	ACUR	4D	WHT	50 LINV 05/03/2007	35.00

TOTAL TKTS/DUE:	17	2,010.00
TOTAL TKTS/DUE:	5	180.00

REPORT-ID: PTS650-A  
RUN-DATE : 01/23/2008  
RUN-TIME : 10:30 \$IMC

CITY OF OAKLAND-PARKING  
MULTIPLE TICKET LIST

AS OF: 01/23/2008  
PAGE 1

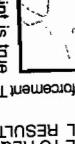
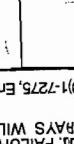
LICENSE ARS701 GA A AUTOMOBILE VIN NO: 93350

DMV:

TICKET NO	*-----*	ISSUED -----*	TIME	OFFCR	VIOLATION(S)	LOCATION	MAKE	TYPE COLOR	*-----*	STATUS -----*	AMOUNT DUE
00154326372	05/02/2006	14:09	308	10.40.020	2000 SAN PABLO AV	ACUR 4DR WHT	40 PAID	05/19/2006 .00			
00150617160	06/05/2006	04:08	21	10.28.240	722 WASHINGTON ST	ACUR 4DR WHT	40 PAID	06/09/2006 .00			
						TOTAL TKTS/DUE: 2				.00	
OWNER'S NAME:	ARS701										
OWNER'S NAME:	STRINGER JIMMIE										
001522715943	08/18/2006	16:36	313	10.40.070	1517 MARTIN LUTHER KING J	ACUR 4DR WHT	28 LNBL	11/13/2006 169.00			
00828185039	10/31/2006	04:28	48	5204	5800 INTERNATIONAL	ACURA 4DR WHT	28 LNBL	05/17/2007 198.00			
00828185040	10/31/2006	04:28	48	10.28.240	5800 INTERNATIONAL	ACUR 4D WHI	28 LNBL	05/17/2007 162.00			
						TOTAL TKTS/DUE: 3				.00	
TOTAL TKTS/DUE: 3											529.00

Filed 02/29/2008 Page 8 of 53

Peralta Community College District VS

Vehicle License JH44CC3551		Exp MAY 13 2010	State CA	VIN (4 digits) 1B3K	Make Acura	Model Integra	Color Silver	No. JC 207863
Date/Day 05/13/2010	Time (24 hour) 11:55	Location Peralta College						
DID UNLAWFULLY VIOLATE PERALTA C. C. D. PARKING REGULATIONS AND/OR CALIFORNIA VEHICLE CODE SECTION:								
<input type="checkbox"/> 21113(a) CVC - \$20 Parked In Student Area Without Valid Permit Displayed								
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Staff Area Without Valid Permit Displayed								
<input type="checkbox"/> 22500(e) CVC - \$20 Stopping, Standing, Parking Blocking Driveway								
<input type="checkbox"/> 22500(f) CVC - \$20 Stopping, Standing, Parking Fire Lane (Red Zone)								
<input type="checkbox"/> 22500.1 CVC - \$20 Stopping, Standing, Parking								
<input type="checkbox"/> 22507.8 (A) CVC - \$275 Parked Out of Marked Staff Area Parked in 2 Stalls Without Valid Permit (Required)								
<input type="checkbox"/> 22507.8 (B) CVC - \$275 Obstructing/Blocking Disabled Parking Space								
<input type="checkbox"/> 22507.8 (C) CVC - \$275 1. Parking on Boundaries/Lines of Disabled Stall 2. Parking in Disabled								
For additional information please call (510) 466-7237 or (800) 1-7275. Electronic Technology Department								
You may contact us (please) the location by mail or in person to report any violations occurring within 21 calendar days to result in the removal of your vehicle. Please review our website for more information on how to file a complaint.								
UNPAID VIOLATIONS MAY RESULT IN IMPOUNDING OF THE VEHICLE. PENALTIES AND POSSIBLE WITHHELD PAYMENT OF FEES WILL RESULT IN THE REMOVAL OF YOUR VEHICLE TO APPAL.								
PARKING FEE MUST BE PAID WITHIN 21 CALENDAR DAYS TO THIS CITY OF PERTALTA. OFFICE OF ELECTRONIC TECHNOLOGY, PARKING CLERK, P.O. BOX 5010, SAN RAMON, CA 94585-0610. PAYABLE TO THE CITY OF PERTALTA. PARKING FEE MUST BE PAID WITHIN 21 CALENDAR DAYS TO THIS CITY OF PERTALTA. OFFICE OF ELECTRONIC TECHNOLOGY, PARKING CLERK, P.O. BOX 5010, SAN RAMON, CA 94585-0610. PAYABLE TO THE CITY OF PERTALTA.								
PAYMENT OF PENALTY MAY BE MADE BY MAIL Penalty for Violation is indicated above ENCLOSE PAYMENT IN ATTACHED ENVELOPE Note Citation Number on Check/Money Order and Make Payable to Peralta Community College District								
I hereby declare under penalty of perjury that the foregoing complaint is true and correct. Executed at the place and the date shown above.								
Issuing Officer 								
ID Number 								

Peralta Community College District VS.		Vehicle License	Exp	State	VIN (4 digits)	Make	Model	Color	No. JC
Date/Day	Time (24 hour)	Location							
<b>DID UNLAWFULLY VIOLATE PERALTA C. C. D. PARKING REGULATIONS AND/OR CALIFORNIA VEHICLE CODE SECTION:</b>									
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Student Area Without Valid Permit Displayed	<input type="checkbox"/> 22500(b) CVC - \$20 Stopping, Standing, Parking Crosswalk	<input type="checkbox"/> 22514 CVC - \$20 Stopping, Standing, Parking Within 15 Feet of Fire Hydrant No Driver in Vehicle	<input type="checkbox"/> Laney College <input type="checkbox"/> Merritt College <input type="checkbox"/> Col. of Alameda	<input type="checkbox"/> \$ 20					
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Staff Area Without Valid Permit Displayed	<input type="checkbox"/> 22500(e) CVC - \$20 Stopping, Standing, Parking Blocking Driveway	<input type="checkbox"/> 22515(a) CVC - \$25 Unattended Vehicle (Motor Running/Brake Not Set)	<input type="checkbox"/> \$275	<input type="checkbox"/>					
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Restricted Area Without Required Permit Displayed	<input type="checkbox"/> 22500.1 CVC - \$20 Stopping, Standing, Parking Fire Lane (Red Zone)	<input type="checkbox"/> 22507.1 CVC - \$275 Disabled Space Without Valid Permit (Required)	<input type="checkbox"/> \$	<input type="checkbox"/>					
<input type="checkbox"/> 21113(a) CVC - \$20 Parked Out of Marked Stall/Area Parked in 2 Stalls	<input type="checkbox"/> 22507.8 (A) CVC - \$275 Parking in Disabled Space Without Valid Permit (Required)	<input type="checkbox"/> 22507.8 (B) CVC - \$275 Obstructing/Blocking Disabled Parking Space	<input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> ANNUAL YEAR _____ PERMIT # _____ <input type="checkbox"/> Expired daily permit (Explain) <input type="checkbox"/> Improper permit display (Explain) <input type="checkbox"/> Checked dash/window <input type="checkbox"/> Backed into space <input type="checkbox"/> Time limit checked at _____ Hrs	<input type="checkbox"/>					
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Excess of Posted Time Limit <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min	<input type="checkbox"/> 22507.8 (C) CVC - \$275 1. Parking on Boundaries/Lines of Disabled Stall 2. Parking in Disabled								
<input type="checkbox"/> 21113(a) CVC - \$20 Parking Permit Improperly Displayed									
<b>PAYMENT OF PENALTY MAY BE MADE BY MAIL</b> Penalty for Violation is indicated Above <b>ENCLOSE PAYMENT IN ATTACHED ENVELOPE</b> Note Citation Number on Check/Money Order and Make Payable to Peralta Community College District									
I hereby declare under penalty of perjury that the foregoing complaint is true and correct. Executed at the place and the date shown above.  _____ Issuing Officer _____ ID Number _____									

## Peralta Community College District VS.

Vehicle License	Exp	State	VIN (4 digits)	Make	Model	Color	No.
Date/Day	Time (24 hour)	Location					JC 212023
<b>DID UNLAWFULLY VIOLATE PERALTA C. D. PARKING REGULATIONS AND/OR CALIFORNIA VEHICLE CODE SECTION:</b> <input type="checkbox"/> 21113(a) CVC - \$20 Parked in Student Area Without Valid Permit Displayed <input type="checkbox"/> 21113(a) CVC - \$20 Parked in Staff Area Without Valid Permit Displayed <input type="checkbox"/> 21113(a) CVC - \$20 Parked in Restricted Area Without Required Permit Displayed <input type="checkbox"/> 21113(a) CVC - \$20 Parked Out of Marked Stall/Area Parked In 2 Stalls <input type="checkbox"/> 21113(a) CVC - \$20 Parked in Excess of Posted Time Limit <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 21113(a) CVC - \$20 Parking Permit Improperly Displayed							
<b>Peralta Community College District Violation</b> <b>Notice of Parking Violation</b>							
<b>PAYMENT OF PENALTY MAY BE MADE BY MAIL</b> Penalty for Violation is indicated Above <b>ENCLOSE PAYMENT IN ATTACHED ENVELOPE</b> Note Citation Number on Check/Money Order and Make Payable to Peralta Community College District							
I hereby declare under penalty of perjury that the foregoing complaint is true and correct. Executed at the place and the date shown above.  Issuing Officer _____  ID Number _____							

NOTICE OF ILLEGAL PARKING		06497 0+99+0	
CITATION 00828185039	CONTESTING ADDRESS CITY OF OAKLAND -PARKING CITATION ASSISTANCE CENTE 250 FRANK H OGAWA PL STE OAKLAND CA 94612	PLEASE DISREGARD THIS NOTICE IF TICKET HAS BEEN PAID  FAILURE TO PAY THIS TICKET MAY RESULT IN THE IMPOUNDING OF YOUR VEHICLE	 1-(800) 500-6484 CITATION INFORMATION
WRITE THIS NUMBER ON CHECK OR MONEY ORDER		AMOUNT NOW DUE \$60.00	<b>DO NOT MAIL CASH</b>
DUE AFTER 03/26/2007 \$120.00		DUE AFTER 04/16/2007 \$153.00	
PAY ONLINE AT: <a href="http://www.oaklandnet.com/government/fiwavewebsite/parking/parking_home.htm">www.oaklandnet.com/government/fiwavewebsite/parking/parking_home.htm</a>			
<p>A vehicle registered in your name has been illegally parked. Please send payment to the "REMIT TO" address printed on the other side of this form. You may contest this citation at the "CONTESTING ADDRESS" in person or by mail. You have 21 calendar days from date of issuance or 14 calendar days from mailing of this notice to contest. For contesting information, call the CITATION INFORMATION number.</p> <p>If you have sold this vehicle you must obtain a declaration of non-ownership from a DMV office and return this notice together with the declaration.</p> <p>Failure to make payment or contest the citation by the due date will result in any of the following action: increase in penalties including collection fees, withholding of vehicle registration, assignment to collection agency, negative credit reporting, vehicle impoundment, and garnishment of tax or lottery winnings.</p>			
CITATION 00828185039	LIC. NO. ARS701	STATE GA	VIOLATION 5204 <b>CURRENT TAB NOT ATTACHED</b> MAKE-TYPE-CLR ACURA 4DR WHT VIOLATION ADDRESS 5800 INTERNATIONAL
ISSUED: 10/31/2006	04:28		

50008281850390605

<b>NOTICE OF ILLEGAL PARKING</b>		<b>06496 0+99+0</b>
<p>CITATION <b>00828185040</b></p> <p>CONTESTING ADDRESS CITY OF OAKLAND -PARKING CITATION ASSISTANCE CENTE 250 FRANK H OGAWA PL STE OAKLAND CA 94612</p>		<p>PLEASE DISREGARD THIS NOTICE IF TICKET HAS BEEN PAID</p> <p>FAILURE TO PAY THIS TICKET MAY RESULT IN THE IMPOUNDING OF YOUR VEHICLE</p> <p>1-(800) 500-6484</p>
<p><b>AMOUNT NOW DUE \$48.00</b></p> <p><b>DUE AFTER 03/26/2007 \$96.00</b></p> <p><b>DUE AFTER 04/16/2007 \$125.00</b></p>		<p><b>DO NOT MAIL CASH</b></p> <p><b>CITATION INFORMATION</b></p> <p><b>PAY ONLINE AT:</b> <a href="http://www.oaklandnet.com/government/fwavewebsite/parking/parking/home.htm">www.oaklandnet.com/government/fwavewebsite/parking/parking/home.htm</a></p>
<p><b>CITATION</b> <b>00828185040</b> <b>LIC. NO.</b> <b>ARS701</b> <b>STATE</b> <b>GA</b></p> <p><b>ISSUED:</b> <b>10/31/2006</b> <b>04:28</b></p> <p><b>VIOLATION:</b> <b>10.28.24.0</b></p> <p><b>NO PARKING CERTAIN HOURS</b></p> <p><b>MAKE - TYPE - CLR:</b> <b>ACUR 4D WHI</b></p> <p><b>VIOLATION ADDRESS</b></p> <p><b>5800 INTERNATIONAL</b></p> <p><b>50008281850400480</b></p>		



**County of Alameda – AC Transit  
PARKING VIOLATION NOTICE  
CODE: 2017**

Vehicle License Number		Last 6 Vin #	Make	Model
<i>BR57018</i>		<i>019350</i>	<i>HHR</i>	<i>Y600</i>
Body Type	Color	Year	State	Registration Exp. Date
<i>SUV</i>	<i>C. WHITE</i>	<i>1992</i>	<i>CA</i>	<i>07/2017</i>
Date	Time AM/PM	Location		
<i>05/06/08</i>	<i>11:00</i>	<i>23rd &amp; F Sts</i>		
City		Issued By		Badge
<i>Oakland</i>		<i>JT. BAKER</i>		<i>1117</i>
	VIOLATION	DESCRIPTION		FEES AMOUNT
1	<input type="checkbox"/> CVC 5200	No front / rear license plate		\$
2	<input type="checkbox"/> CVC 5204(a)	Display of expired registration tabs		\$
3	<input type="checkbox"/> CVC 21113(a)	Parking in an unauthorized space		\$
4	<input type="checkbox"/> CVC 22500(b)	Parking in crosswalk		\$
5	<input type="checkbox"/> CVC 22500(h)	Double parking		\$
6	<input checked="" type="checkbox"/> CVC 22500(i)	Parking/stopping in a bus zone		\$ <i>25</i>
7	<input type="checkbox"/> CVC 22500.1	Parking in a fire lane		\$
8	<input type="checkbox"/> CVC 22507.8(a)	Unauthorized parking in a handicap space		\$
9	<input type="checkbox"/> CVC 22507.8(c)	Parking cross hatch lines		\$
10	<input type="checkbox"/> CVC 22514	Parking 15' of fire hydrant		\$
11	<input type="checkbox"/> BMC:14.36.030C	Red curb/No parking		\$
12	<input type="checkbox"/> BRT 2495-5A	Red Zone		\$
13	<input type="checkbox"/> EMV 4-9.04(A)	Red curb/No parking		\$
14	<input type="checkbox"/> EMV 4-9(B)	Commercial loading/Yellow zone		\$
15	<input type="checkbox"/> OTC 10.40.020(b)	Parking in red,yel.,grn.,white zones		\$
16	<input type="checkbox"/> OTC 10.28.240	No parking certain hours		\$
17	<input type="checkbox"/> OTC 10.28.250	No parking any time		\$
18	<input type="checkbox"/> OTC 10.40.110	No parking - Taxi zone		\$
19	<input type="checkbox"/> OTC 10.16.110	Failure to obey posted sign		\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
<input type="checkbox"/> Unoccupied <input type="checkbox"/> Driver <input type="checkbox"/> Passenger only		Comments: <i>1067 in March 2017 8:00 AM</i>		

SEE REVERSE FOR FURTHER INFORMATION AND DATA

CITATION NUMBER *1067*

RECEIPT - NOT A LICENSE OR PERMIT

NOT A VERIFIED IDENTIFICATION

APPLICATION FOR DL ORIGINAL

D8388827	CLASS:	C	AMOUNT DUE :	26.00
JIMMIE TARUS STRINGER			AMOUNT RCVD -	CASH: 30.00
P O BX 1421			-	CHCK: -
OAKLAND	CA	94621	-	CRDT: -
			-	CARD: -
			CASH BACK :	4.00

IF THIS APPLICATION IS NOT COMPLETED  
BY 11-06-07, IT WILL BE CANCELLED

110606

099700 - 500 110606 110606

110606 110606 110606

TRANSPORTATION ASSISTANCE COMMISSION  
Administrative Review-Notice of Final Decision

(510) 451-0423  
FAX (510) 986-2699  
TDD (510) 839-6451

January 23, 2007

Stringer Jimmie  
PO Box 1421  
Oakland CA 94604

Ticket #: 828185040  
Issued on 10/31/2005  
License: ARS701 GA  
Violation: 10.28.240

An Administrative Review of your submission relating to citation number 828185040 has been completed by City of Oakland staff. After investigation, we find that the citation was properly issued. You must now pay the penalty by the due date. If you want to appeal this decision, follow the instructions detailed below. The explanation of our findings is as follows.

Your request for an administrative review contained insufficient evidence to warrant a dismissal. Therefore, we are unable to dismiss this citation.

**TO REQUEST AN ADMINISTRATIVE HEARING:**

Please indicate which type of hearing you would like on the portion below. Return it along with the full amount due as a deposit for the hearing (CVC40215). Your Administrative Hearing Request and deposit MUST be postmarked by the deadline below or the penalty will be increased and you will NOT have another opportunity to be heard before an independent Hearing Examiner. If you choose to have a written hearing, include all relevant information and documents. You may defer payment until your hearing if you meet the City's approved poverty income level. Obtain a "Deposit Waiver Application" from the address listed below; it must be submitted along with your request for an Administrative Hearing by the deadline below. You will be notified by mail of the date and time of your hearing.

**FRANKLIN CITATION AND TRADING COMPANY  
Administrative Review-Notice of Final Decision**

January 23, 2007

Jimmie Stringer  
PO Box 1421  
Oakland CA 94604

An Administrative Review of your submission relating to citation number 828185039 has been completed by City of Oakland staff. After investigation, we found that the citation was properly issued. You must now pay the penalty by the due date. If you want to appeal this decision, follow the instructions detailed below. The explanation of our findings is as follows.

Your request for an administrative review contained insufficient evidence to warrant a dismissal. Therefore, we are unable to dismiss this citation.

**TO REQUEST AN ADMINISTRATIVE HEARING:**

Please indicate which type of hearing you would like on the portion below. Return it along with the full amount due as a deposit for the hearing (CVC40215). Your Administrative Hearing Request and deposit MUST be postmarked by the deadline below or the penalty will be increased and you will NOT have another opportunity to be heard before an independent Hearing Examiner. If you choose to have a written hearing, include all relevant information and documents. You may defer payment until your hearing if you meet the City's approved poverty income level. Obtain a "Deposit Waiver Application" from the address listed below; it must be submitted along with your request for an Administrative Hearing by the deadline below. You will be notified by mail of the date and time of your hearing.



**PARKING CITATION**  
CITY OF OAKLAND

**PARKING CITATION**  
CITY OF OAKLAND

828933919

828933908

ISSUE DATE (MM DD YY)	TIME ISSUED	STATE	EXPIRE (MM YY)	TIME ISSUED
03/07/07	0920	CA	0807	091533
STATE LICENSE NUMBER	STATE	EXPIRE (MM YY)	STATE	TIME ISSUED
5WEN527	CA	0807	CA	091533
MAKE	BODY TYPE	COLOR	2 TONE	
ACURA	4DR	WHITE		
VIN LAST 4 DIGITS	STREET/METER #			
0350	1403			
STREET NAME / LOCATION		STREET NAME / LOCATION		
North		1403		
BADGE #		OFFICER		
3281C		J. M. L.		
COMPLAINANT				

• 50828976093 •

• 508 289 33908 •

<b>CALIFORNIA VEHICLE CODE VIOLATION</b>		<b>OKLAHOMA MUNICIPAL CODE VIOLATION</b>	
<b>5204</b>	<input type="checkbox"/> Current Tags <input type="checkbox"/> Not Attached	<input type="checkbox"/> Vehicles on Private Property	<input checked="" type="checkbox"/> Improper Parking
10.1.6.070	3.26.190 4C. Hour Line	10.16.110 Obstruction to Barners & Signs	10.28.240 No Parking Certain Hours
	3.25.250 Anytime	10.36.050 Meter Expired (Off Street)	10.40.020 No Parking Red Zone
	10.40.060 No Parking Yellow Zone	10.40.070 No Parking White Zone	

COMMENTS/VIN NUMBER  
OMC VC

200 D. H. G.

RETURN CITATION WITH PAYMENT

OMC VC  
 COMMENTS & IN NC

**RETURN CITATION WITH PAYMENT**

RETURN CITATION WITH PAYMENT

VALUABLE VEHICLE VIOLATION	
5204 (____)	<input type="checkbox"/> Current Tags <input type="checkbox"/> Not Attached
<b>OAKLAND MUNICIPAL CODE VIOLATION</b>	
10.16.070	<input type="checkbox"/> Vehicles on Private Property
	<input type="checkbox"/> 10.28.190 Two Hour Zone
	<input type="checkbox"/> 10.28.250 No Parking Anytime
	<input type="checkbox"/> 10.36.100 Meter Expired (Off Street)
	<input type="checkbox"/> 10.40.060 No Parking Yellow Zone
22500	<input type="checkbox"/> Improper Parking
	<input type="checkbox"/> Obeyance to Barriers & Signs
	<input type="checkbox"/> 10.28.240 No Parking Certain Hours
	<input type="checkbox"/> 10.36.050 Meter Expired (On Street)
	<input type="checkbox"/> 10.40.020 No Parking Red Zone
	<input type="checkbox"/> 10.40.070 No Parking White Zone

OTHER  
  DMC  
COMMENTS/AVIN

COMMENTS/VIN NUMBER  
OMC VC

200

RETURN CITATION WITH PAYMENT

**PARKING CITATION**

828934546

ISSUE DATE (MM DD YY)		RPT. DIST.		TIME ISSUED													
<b>STATE LICENSE NUMBER</b>		STATE		EXPI. (MM YY)													
<b>MAKE</b>		<b>BODY TYPE</b>		<b>COLOR</b>													
<b>VIN LAST 4 DIGITS</b>		<b>STREET NAME / LOCATION</b>		<b>STREET/TIME/R #</b>													
<b>BADGE #</b>		<b>OFFICER</b>		<b>STREET/TIME/R #</b>													
<b>COMPLAINTANT</b>																	
<p><b>CALIFORNIA VEHICLE CODE VIOLATION</b></p> <table border="0"> <tr> <td><input type="checkbox"/> 5204 Current Taps</td> <td><input type="checkbox"/> 22500 Improper Not Attached Parking</td> </tr> <tr> <td><input type="checkbox"/> 10.16.070 Vehicles on Private Property</td> <td><input type="checkbox"/> 10.16.110 Obedience to Barriers &amp; Signs</td> </tr> <tr> <td><input type="checkbox"/> 10.28.190 Two Hour Zone</td> <td><input type="checkbox"/> 10.28.240 No Parking Certain Hours</td> </tr> <tr> <td><input type="checkbox"/> 10.28.250 No Parking Anywhere</td> <td><input type="checkbox"/> 10.36.050 Meter Expired (On Street)</td> </tr> <tr> <td><input type="checkbox"/> 10.36.100 Motor Expired (Off Street)</td> <td><input type="checkbox"/> 10.40.020 No Parking Red Zone</td> </tr> <tr> <td><input type="checkbox"/> 10.40.060 No Parking Yellow Zone</td> <td><input type="checkbox"/> 10.40.070 No Parking White Zone</td> </tr> </table>						<input type="checkbox"/> 5204 Current Taps	<input type="checkbox"/> 22500 Improper Not Attached Parking	<input type="checkbox"/> 10.16.070 Vehicles on Private Property	<input type="checkbox"/> 10.16.110 Obedience to Barriers & Signs	<input type="checkbox"/> 10.28.190 Two Hour Zone	<input type="checkbox"/> 10.28.240 No Parking Certain Hours	<input type="checkbox"/> 10.28.250 No Parking Anywhere	<input type="checkbox"/> 10.36.050 Meter Expired (On Street)	<input type="checkbox"/> 10.36.100 Motor Expired (Off Street)	<input type="checkbox"/> 10.40.020 No Parking Red Zone	<input type="checkbox"/> 10.40.060 No Parking Yellow Zone	<input type="checkbox"/> 10.40.070 No Parking White Zone
<input type="checkbox"/> 5204 Current Taps	<input type="checkbox"/> 22500 Improper Not Attached Parking																
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<input type="checkbox"/> 10.28.190 Two Hour Zone	<input type="checkbox"/> 10.28.240 No Parking Certain Hours																
<input type="checkbox"/> 10.28.250 No Parking Anywhere	<input type="checkbox"/> 10.36.050 Meter Expired (On Street)																
<input type="checkbox"/> 10.36.100 Motor Expired (Off Street)	<input type="checkbox"/> 10.40.020 No Parking Red Zone																
<input type="checkbox"/> 10.40.060 No Parking Yellow Zone	<input type="checkbox"/> 10.40.070 No Parking White Zone																
<p><b>OTHER</b></p> <p><input type="checkbox"/> OMC    <input type="checkbox"/> VC</p> <p><b>COMMENTS/VIN NUMBER</b></p> <p><i>10-00-0000</i></p>																	

**PARKING CITATION**

828948978

ISSUE DATE (MM DD YY)		RPT DIST.	
STATE LICENSE NUMBER		TIME ISSUED	
<b>S 5 6 1 4 6 7 6 2 3</b>		<b>C 3 4 3</b>	
MAKE	STATE	BODY TYPE	EXPIRATION DATE (MM YY)
<b>FORD</b>	<b>CA</b>	<b>SAFARI</b>	<b>C 3 4 3</b>
VIN LAST 4 DIGITS	COLOR	STREET/METER #	STREET/METER #
<b>6 2 4 0</b>	<b>2 TONE</b>	<b>C 3 4 3</b>	<b>C 3 4 3</b>
STREET NAME / LOCATION			
<b>100 JUNIPER ST</b>			
BADGE #	OFFICER		
<b>1234567890</b>	<b>Wade</b>		

CITY OF OAKLAND

MM DD YY  
APT. DIST.

ISSUE DATE (MM DD YY)	RPT. DIST.	TIME ISSUED
STATE LICENSE NUMBER	STATE	STATE LICENSE NUMBER
<b>S U L E N S 3 7</b>	<b>C J 4 3</b>	<b>D R E H D 7 B 6</b>
VIN LAST 4 DIGITS	BODY TYPE	EXP (MM YY)
<b>4 2 9 0</b>	<b>2 TONE</b>	<b>1 4 0 1</b>
STREET NAME / LOCATION	COLOR	STATE
<b>H U N T R I G H T</b>	<b>2 TONE</b>	<b>I H O M</b>
BADGE #	S STREET/METER #	EXP (MM YY)
<b>1 2 3 4 5 6</b>	<b>1 2 3 4 5 6</b>	<b>1 4 0 1</b>
OFFICER	STREET NAME / LOCATION	TIME ISSUED
<b>W E D D I N G</b>	<b>H O U S E</b>	<b>R P T. A I R M A N</b>
BADGE #	S STREET/METER #	ISSUE DATE (MM DD YY)
<b>1 2 3 4 5 6</b>	<b>1 2 3 4 5 6</b>	<b>1 4 0 1</b>
OFFICER	STREET NAME / LOCATION	RPT. DIST.
<b>W E D D I N G</b>	<b>H O U S E</b>	<b>R P T. A I R M A N</b>

CITY OF OAKLAND

MM DD YY  
APT. DIST.

ISSUE DATE (MM DD YY)	RPT. DIST.	TIME ISSUED
5/5/07	613	0943
STATE LICENSE NUMBER	STATE	
5WEN527	CA	
MAKE	BODY TYPE	COLOR
HONDA CRV	4DR	GRY
VIN LAST 4 DIGITS	STREET/METER #	
6240	911	
STREET NAME / LOCATION		
110 JUNIPER ST		
BADGE #	OFFICER	
1234567890	Wade	
COMPLAINANT		
ISSUE DATE (MM DD YY)	RPT. DIST.	TIME ISSUED
5/5/07	B6	1404
STATE LICENSE NUMBER	STATE	
5WEH527	CA	
MAKE	BODY TYPE	COLOR
HONDA CRV	4DR	GRY
VIN LAST 4 DIGITS	STREET/METER #	
6240	911	
STREET NAME / LOCATION		
110 JUNIPER ST		
BADGE #	OFFICER	
1234567890	Wade	
COMPLAINANT		
ISSUE DATE (MM DD YY)	RPT. DIST.	TIME ISSUED
5/5/07	B6	1404
STATE LICENSE NUMBER	STATE	
5WEH527	CA	
MAKE	BODY TYPE	COLOR
HONDA CRV	4DR	GRY
VIN LAST 4 DIGITS	STREET/METER #	
6240	911	
STREET NAME / LOCATION		
110 JUNIPER ST		
BADGE #	OFFICER	
1234567890	Wade	
COMPLAINANT		

**PARKING CITATION**  
CITY OF OAKLAND  
**828573174**

ISSUE DATE (MM DD YY)	RPT. DIST.	TIME ISSUED
01/15/07	5E	07:41
STATE LICENSE NUMBER	STATE	EXP. (MM YY)
690 774 7	CA	07/07
MAKE	BODY TYPE	COLOR
TOYOTA	4DR HATCH	2 TONE
VIN LAST 4 DIGITS	STREET METER #	
1J3C	572	
STREET NAME / LOCATION		
MELVILLE AVE & 14TH ST		
BADGE #	OFFICER	COMPLAINTANT
13	13	13

## CALIFORNIA VEHICLE CODE VIOLATION

- 5204 (1) 22500 Current Tags Improper Parking
- Not Attached
- Private Property
- OAKLAND MUNICIPAL CODE VIOLATION
- 10.16.070 Vehicles on 10.16.110 Obedience to Barriers & Signs
- 10.16.190 Two Hour Zone
- 10.28.190 Certain Hours
- 10.28.240 No Parking
- 10.36.100 Meter Expired
- 10.40.020 Red Zone
- 10.40.060 No Parking
- 10.40.070 Yellow Zone
- 10.40.080 White Zone

OTHER	<input type="checkbox"/>	<input type="checkbox"/>
OMC VC	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS/VIN NUMBER		
17818582805		

**PARKING CITATION**  
CITY OF OAKLAND  
**828024813**

ISSUE DATE (MM DD YY)	RPT. DIST.	TIME ISSUED
01/15/07	5E	07:41
STATE LICENSE NUMBER	STATE	EXP. (MM YY)
690 774 7	CA	07/07
MAKE	BODY TYPE	COLOR
TOYOTA	4DR HATCH	2 TONE
VIN LAST 4 DIGITS	STREET METER #	
1J3C	572	
STREET NAME / LOCATION		
MELVILLE AVE & 14TH ST		
BADGE #	OFFICER	COMPLAINTANT
13	13	13

## CALIFORNIA VEHICLE CODE VIOLATION

- 5204 (1) 22500 Current Tags Improper Parking
- Not Attached
- Private Property
- OAKLAND MUNICIPAL CODE VIOLATION
- 10.16.070 Vehicles on 10.16.110 Obedience to Barriers & Signs
- 10.16.190 Two Hour Zone
- 10.28.190 Certain Hours
- 10.28.240 No Parking
- 10.36.100 Meter Expired
- 10.40.020 Red Zone
- 10.40.060 No Parking
- 10.40.070 Yellow Zone
- 10.40.080 White Zone

OTHER	<input type="checkbox"/>	<input type="checkbox"/>
OMC VC	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS/VIN NUMBER		
178182805		

**PARKING CITATION**  
CITY OF OAKLAND  
**828890205**

ISSUE DATE (MM DD YY)	RPT. DIST.	TIME ISSUED
01/15/07	5E	07:41
STATE LICENSE NUMBER	STATE	EXP. (MM YY)
690 774 7	CA	07/07
MAKE	BODY TYPE	COLOR
TOYOTA	4DR HATCH	2 TONE
VIN LAST 4 DIGITS	STREET METER #	
1J3C	572	
STREET NAME / LOCATION		
MELVILLE AVE & 14TH ST		
BADGE #	OFFICER	COMPLAINTANT
13	13	13

## CALIFORNIA VEHICLE CODE VIOLATION

- 5204 (1) 22500 Current Tags Improper Parking
- Not Attached
- Private Property
- OAKLAND MUNICIPAL CODE VIOLATION
- 10.16.070 Vehicles on 10.16.110 Obedience to Barriers & Signs
- 10.16.190 Two Hour Zone
- 10.28.190 Certain Hours
- 10.28.240 No Parking
- 10.36.100 Meter Expired
- 10.40.020 Red Zone
- 10.40.060 No Parking
- 10.40.070 Yellow Zone
- 10.40.080 White Zone

OTHER	<input type="checkbox"/>	<input type="checkbox"/>
OMC VC	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS/VIN NUMBER		
150206882805		

RETURN CITATION WITH PAYMENT

RETURN CITATION WITH PAYMENT

RETURN CITATION WITH PAYMENT

# City of Oakland Parking Violation

Citation Number  
**153335232**

Payment Questions: 1-800-500-6484

Citation Number  
**153335294**

Payment Questions: 1-800-500-6484

Date: 03/02/07 09:47 AM  
Officer: 328 S00380  
License: SWEH527 CA 08/07  
Make: ACUR 4DR WHT  
VIN: 9350

Location:  
MARTIN LUTHER KING JR WY

Violation: 18.36.050  
METER VIOLATION - EXPIRED  
Fine Amount: \$35.00

If Delinquent:

If paid after 21 days: \$70

no dp visible

Officer ID: 1415

**153335232**



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 78000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction, verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

# City of Oakland Parking Violation

**PARKING CITATION  
CITY OF OAKLAND  
828204256**

Citation Number  
**153335294**

Payment Questions: 1-800-500-6484

Date: 03/03/07 10:43 AM  
Officer: 328 S00380  
License: SWEH527 CA 08/07  
Make: ACUR 4DR WHT  
VIN: 9350

Location:  
MARTIN LUTHER KING JR WY

Violation: 10.36.050  
METER VIOLATION - EXPIRED  
Fine Amount: \$35.00

If Delinquent:

If paid after 21 days: \$70

no dp visible

Officer ID: 1402

**153335294**



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 78000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction, verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

CALIFORNIA VEHICLE CODE VIOLATION	
<input type="checkbox"/> 5k304 ( )	22500
<input type="checkbox"/> Current Tags	<input type="checkbox"/> Improper
<input type="checkbox"/> Not Attached	<input type="checkbox"/> Parking

OAKLAND MUNICIPAL CODE VIOLATION	
<input type="checkbox"/> 10.15.070	10.15.110
<input type="checkbox"/> Vehicles on	<input type="checkbox"/> Obstruction
<input type="checkbox"/> Private Property	<input type="checkbox"/> to Barriers & Signs

<input type="checkbox"/> 10.28.190	10.28.240
<input type="checkbox"/> Two Hour	<input type="checkbox"/> No Parking
<input type="checkbox"/> Zone	<input type="checkbox"/> Certain Hours

<input type="checkbox"/> 10.28.250	10.36.050
<input type="checkbox"/> No Parking	<input type="checkbox"/> Meter Exempt
<input type="checkbox"/> Anytime	<input type="checkbox"/> (On Street)
<input type="checkbox"/> 10.36.103	<input type="checkbox"/> 10.40.020
<input type="checkbox"/> Meter Exempt	<input type="checkbox"/> No Parking
(Off Street)	<input type="checkbox"/> Rest Stop
<input type="checkbox"/> 10.40.060	<input type="checkbox"/> No Parking
No Parking	<input type="checkbox"/> Write Zone
Yellow Zone	

<input type="checkbox"/> OTHER	<input type="checkbox"/> OMC VC
<input type="checkbox"/> COMMENTS/IN NUMBER	

RETURN CITATION WITH PAYMENT

# City of Oakland Parking Violation

# City of Oakland Parking Violation

# City of Oakland Parking Violation

## City of Oakland Parking Violation

Citation Number  
**153614165**

Citation Number  
**153929355**

Citation Number  
**150624**

Page 22 of 53

Payment Questions: 1-800-500-6484

Payment Questions: 1-800-500-6484

Payment Questions: 1-800-500-6484

Payment Questions: 1-800-500-6484

Date:

03/24/07 03:48 PM

Date:

03/26/07 02:25 PM

Date:

03/27/07 02:19 PM

Officer:

328 S00384

Officer:

323 S00389

Officer:

325 S00333

License:

5WEH527 CA 08/07

License:

5WEH527 CA

License:

5WEH527 CA

Make:

ACUR 2DR WHT

Make:

ACUR 2DR WH

Make:

ACUR 4DR WH

VIN:

NV 9350

VIN:

NV 9350

VIN:

NV 9350

Location:

MARTIN LUTHER KING JR WY

Location:

MARTIN LUTHER KING JR WY

Location:

154 10TH ST

Date:

03/26/07 02:25 PM

Date:

03/26/07 02:25 PM

Date:

03/27/07 02:19 PM

Officer:

328 S00384

Officer:

323 S00389

Officer:

325 S00333

License:

5WEH527 CA 08/07

License:

5WEH527 CA

Make:

ACUR 2DR WHT

Make:

ACUR 2DR WH

VIN:

NV 9350

VIN:

NV 9350

Location:

MARTIN LUTHER KING JR WY

Location:

MARTIN LUTHER KING JR WY

Date:

03/26/07 02:25 PM

Date:

03/26/07 02:25 PM

Officer:

328 S00384

Officer:

323 S00389

License:

5WEH527 CA 08/07

License:

5WEH527 CA

Make:

ACUR 2DR WHT

Make:

ACUR 2DR WH

VIN:

NV 9350

VIN:

NV 9350

Location:

MARTIN LUTHER KING JR WY

Location:

MARTIN LUTHER KING JR WY

Date:

03/26/07 02:25 PM

Date:

03/26/07 02:25 PM

Officer:

328 S00384

Officer:

323 S00389

License:

5WEH527 CA 08/07

License:

5WEH527 CA

Make:

ACUR 2DR WHT

Make:

ACUR 2DR WH

VIN:

NV 9350

VIN:

NV 9350



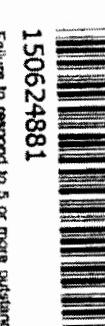
Case 13:07-cv-05516-SI  
153929325  
Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

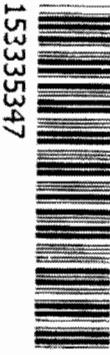
## City of Oakland Parking Violation

Citation Number  
**150624881**

Payment Questions: 1-800-500-6484

Date: 03/27/07 02:19 PM  
Officer: 325 S00333  
License: 5WEH527 CA 08/07  
Make: ACUR 4DR WHT  
VIN: 9350

Location: 154 10TH ST  
Violation: 10.28.190  
TWO HOUR ZONE  
Fine Amount: \$40.00  
If Delinquent:  
If paid after 21 days: \$80.00



## City of Oakland Parking Violation

Citation Number  
**153335347**

Payment Questions: 1-800-500-6484

Date: 03/03/07 04:56 PM  
Officer: 328 S00380  
License: 5WEH527 CA 08/07  
Make: ACUR 4DR WHT  
VIN: 9350

Location: 1401 MARTIN LUTHER KING JR WY  
Violation: 10.36.050  
METER VIOLATION - EXPIRED  
Fine Amount: \$40.00  
If Delinquent:  
If paid after 21 days: \$70

no dp over 2 hours

no dp visible

no dp visible

150624881

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

153335347

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

150923817

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

RECEIPT - NOT A LICENSE OR PERMIT

NOT A VERIFIED IDENTIFICATION

APPLICATION FOR DL ORIGINAL

D83888827	CLASS: C	AMOUNT DUE :	2.60
JIMMIE TARUS STRINGER		AMOUNT RCVD -	30.00
P O BX 1421		CASH:	:
OAKLAND	CA 94621	CHCK:	
		CRDT:	
		CARD:	
		CASH BACK :	4.00

IF THIS APPLICATION IS NOT COMPLETED  
BY 11-06-07, IT WILL BE CANCELLED

110606 OFFICE -504 110606 E1/5020 192

\*\*\*\*\*CUSTOMER RECEIPT COPY\*\*\*\*\* EXPIRES: 03/17/2007

B I S A B L E D P E R S O N P L A C A R D \*\*\*

PLACARD NUMBER: I675489      PIC: 1      TV: 91      DATE ISSUED: 08/17/06  
MO/YR: MV

DT FEES REC'D: 08/17/06  
 STRINGER JIMMIE T  
 1446 FRANKLIN ST  
 OAKLAND CA 94601

AMT	DUE	:	6.00
AMT	REC'D	- CASH	:
		- CHCK	:
-		- CRDT	:
			6.00

CO: 01

FEE1	B01 A LEF P GFEEL PCDS	50433816	39 VF01E	0 120406 1645 VDAP
	*** G E N E R A T E D F E E S ***			
01 CURR RF	31.00	16		31
02 CURR CHP	9.00	17		32
03 CURR VLF	15.00	18		33
04 CURR SAFE	1.00	19		34
05 CURR FID	1.00	20		35
06 CUR AUTO/DUI	1.00	21		36
07 CURR ABN VEH	1.00	22		37
08 CURR AIR QLT	6.00	23		38
09 USE TAX	201.00	24		39
10 N/R ORIG SF	16.00	25		40
11 RLP FEE	1.00	26		41
12 C REG PEN	30.00	27		42
13 VLF PEN	6.00	28		43
X PEN	20.00	29		44
		30		
			TOTAL FEES DUE:	339.00

'MT-

0-

REASON-  
VESSEL-  
TAX BYPASS-CURR EXP DATE:  
NEW EXP DATE:

08/14/07

VIN- JH4CC2559NC019350

"F1 NO RENEWAL-PF2 KEY FEES-PF3 FALLBACK RESTART CANCEL

**VOTER REGISTRATION FORM RECEIPT**

(NOT A VERIFIED IDENTIFICATION OR RECORDED VOTER REGISTRATION)

**NOTICE: IF YOU CHANGE YOUR ADDRESS, NAME, OR POLITICAL PARTY  
YOU MUST REREISTER TO VOTE**

DL/ID#: D8388827  
PRIOR INFO:

SIMMIE TAKOS SIRINGER  
5725 INTERNATIONAL BLVD

OAKLAND CA

DOB: 11-19-71

85

CA Y: NEW REGISTRATION

## **ATTENTION VOTER APPLICANT**

THIS IS THE ONLY RECEIPT YOU WILL RECEIVE TO VERIFY YOUR REQUEST TO REGISTER TO VOTE FROM DMV. KEEP THIS RECEIPT UNTIL YOU RECEIVE A VOTER NOTIFICATION CARD FROM THE COUNTY ELECTIONS OFFICE. IF YOU DO NOT RECEIVE THE VOTER NOTIFICATION CARD WITHIN FOUR WEEKS, CONTACT YOUR LOCAL COUNTY ELECTIONS OFFICE.

THIS RECEIPT IS FOR TRACKING PURPOSES

OFFICE - 504

TRANSACTION DATE: 11/06/06

四

†

[REDACTED]

R60999335H 4VJH4CC2559NC019350

DATE: 11/03/06 TIME: 14:38  
PENDING RECORD INSURANCE STATUS NOT CHECKED

PENDING MASTER FILE RECORD

LIC#:291551S YRMD:92 MAKE:ACUR BTM :4D VIN :JH4CC2559NC019350  
R/O :STRINGER JIMMIE, 5725 INTERNATIONAL BLVD CITY:OAKLAND C.C.:01

ALCO:07 ZIP#:94621

RCTD:10/05/06 LOCD:0

TYPE:00 PWR:G VEH :13 BODY:0 CLAS:AP \* -YR:06

REC STATUS:  
10/05/06 REFLECTORIZED LICENSE PLATE

10/05/06 VEHICLE VALUE: 0002300

RIP OFC:504 D:10/05/06 ID/S:340034 T:B00 V:00000000 R:04

RT:

END

TEST RESULTS - NOT A LICENSE TO DRIVE = NOT A VERIFIED IDENTIFICATION

TYPE APP: DL ORIGINAL  
FEE DUE YEAR:  
REST: ATT: PREV CLASS: DL #: D8388827 DL EXP DATE: NONE  
END / CERT: APP CLASS: F

APP DATE: 11-06-06 O/S LIC: GA LIC LOC: A R/P:  
 MINOR: DRIVER ED: DRIVER TRNG: M/C TRNG:  
 IP ISS: IP CL: TEMP ISS: TEMP CLI:

CL F CL M --MC/SKILL-- W/P SIGNSS  
0 -----DRIVE-----

VISION: P ORAL: F/L:  
RESTR: ATTCH:  
  
# OF LT YEARS: MEDICAL EXP:

[REDACTED]  
CALIFORNIA DEPARTMENT OF MOTOR VEHICLES  
\*\*\*CUSTOMER RECEIPT COPY\*\*\*  
REGISTRATION  
INFORMATION REQUEST

12/11/06

R62999335044S291551S

DATE: 12/11/06 TIME: 10:32  
PENDING RECORD INSURANCE STATUS NOT CHECKED  
PENDING MASTER FILE RECORD

LIC#: 291551S YRMD: 92 MAKE: ACUR BTM : 4D VIN : JH4CC2559NC019350  
R/O : STRINGER JIMMIE, 5725 INTERNATIONAL BLVD CITY: OAKLAND C.C. : 01  
ALCO: 07 ZIP#: 94621  
RCID: 11/06/06 LOCD: 0  
TYPE: 00 POWR: G VEH : 13 BODY: 0 CLAS: AP \* - YR: 06  
REC STATUS:  
11/06/06 REFLECTORIZED LICENSE PLATE  
12/04/06 ELECTRONIC SMOG CERT VALID UNTIL 03/04/07  
11/06/06 VEHICLE VALUE: 0002300  
TIP OFC: 504 D: 12/04/06 ID/S: 164510 T:B00

\* \* \* END \* \* \*



## VEHICLE MOVING PERMIT

(Sections 4002, 4604, 11716 V.C.)

**VEHICLE MUST HAVE A VALID PLANNED NON-OPERATION STATUS ON RECORD,  
BE EXEMPT FROM THE PLANNED NON-OPERATION LAW, OR  
HAVE REGISTRATION FEES ON DEPOSIT.**

VEHICLE LICENSE NUMBER (IF ANY)

*AHS 7019*

VEHICLE IDENTIFICATION NUMBER (VIN)

*5H4HC1559*

MAKE OF VEHICLE

*Acura Vigor*

The above vehicle will be moved (*check one item only*):

- From dealer's, distributor's, or manufacturer's place of business for alteration.
- From current storage to a new storage location.
- For repair or alteration.
- To be permanently wrecked or dismantled.
- For inspection, smog inspection, or weighing.
- For construction (incomplete vehicle).
- From vessel, railroad depot or warehouse to a manufacturer's, re-manufacturer's, distributor's, transporter's, or dealer's warehouse or salesroom.

***This permit must be carried with the vehicle when it is moved and presented to the department when the vehicle is registered. This permit is issued for ONE DAY ONLY.***

**NOTE:** This permit does not exempt you from applicable liability insurance laws.

SIGNATURE OF APPLICANT

*K. Jimmie Stripling*  
PRINTED NAME OF APPLICANT OR BUSINESS

DAYTIME TELEPHONE NUMBER

*510-355-2273*

ADDRESS

*5725 International* CITY *Oakland Ca. 94601*

VALID ONLY FOR MOVEMENT ON THIS DATE:

*11/15-16/06*

APPROVED BY (Authorized Employee Department of Motor Vehicles or California Highway Patrol)

OFFICE

*JJD* DATE ISSUED  
*504 NOV 15 2006*

## DEPARTMENT OF MOTOR VEHICLES PLACARD IDENTIFICATION CARD

THIS IDENTIFICATION CARD OR FAXSIMILE COPY IS TO BE CARRIED BY THE PLACARD OWNER. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IMMEDIATELY NOTIFY DMV BY PHONE OR MAIL OF ANY CHANGE OF ADDRESS. WHEN PARKING, HANG THE PLACARD FROM THE REAR VIEW MIRROR. REMOVE IT WHEN DRIVING.

PLACARD# : I675489  
EXPIRES : 02/17/2007  
DOB : 01/19/1971  
ISSUED : 08/17/06  
TYPE : N2

PLACARD HOLDER: STRINGER JIMMIE T  
1446 FRANKLIN ST  
  
OAKLAND  
CA  
94601

PURCHASE OF FUEL (BUSINESS & PROFESSIONS CODE 13660):  
STATE LAW REQUIRES SERVICE STATIONS TO REFUEL A DISABLED PERSON'S VEHICLE AT SELF-SERVICE RATES, EXCEPT SELF-SERVICE FACILITIES WITH ONLY ONE CASHIER.

WHEN YOUR PLACARD IS PROPERLY DISPLAYED, YOU MAY PARK IN/ON:  
\*DISABLED PERSON PARKING SPACES (BLUE ZONES) \*METERED ZONES WITHOUT PAYING  
\*GREEN ZONES WITHOUT RESTRICTIONS TO TIME LIMITS \*STREETS WHERE PREFERENTIAL PARKING PRIVILEGES ARE GIVEN TO RESIDENTS AND MERCHANTS.

YOU MAY NOT PARK IN/ON: \*RED ZONES \*TOW AWAY ZONES \*WHITE OR YELLOW ZONES \*SPACES MARKED BY CROSSHATCH LINES NEXT TO DISABLED PERSON PARKING SPACES.

IT IS CONSIDERED MISUSE: \*TO DISPLAY A PLACARD UNLESS THE DISABLED OWNER IS BEING TRANSPORTED \*TO DISPLAY A PLACARD WHICH HAS BEEN CANCELLED OR REVOKED \*TO LOAN YOUR PLACARD TO ANYONE, INCLUDING FAMILY MEMBERS. MISUSE IS A MISDEMEANOR (SECTION 4461VC) AND CAN RESULT IN CANCELLATION OR REVOCATION OF THE PLACARD, LOSS OF PARKING PRIVILEGES, AND/OR FINES.



**Alameda County Sheriff's Office/Peralta Police Services**  
333 East 8<sup>th</sup> Street  
Oakland, California 94606  
(510)466-7237

November 22, 2006

Jimmie Stringer  
5725 International Blvd  
Oakland, California 94621

Agency Name: Peralta Community College District  
Citation Number: JC207863

We have completed the Level I Appeal, the results are as follows:



Citation Valid



Citation Dismissed

Explanation of results:



A one time dismissal has already been granted.



To park in the Laney College parking lot: you must have a student I.D. decal and a current daily parking permit or a current semester parking permit.



The parking regulations for Peralta Community College District are: in the class schedule, online, in the Personal Safety Handbook and posted throughout all Peralta Community College District parking lots.



Signs and/or regulations are posted throughout all Peralta Community College District parking lots.



Vehicles must be parked within marked stalls and/or spaces.



Parking permits must be properly displayed at all times.



It is past the 21 day appeal process.

Other:

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Dismissed in the interest of justice.



One time dismissal.

**SGT. K.T. GUMS, #1268**

Examiner's Signature

*11 27 08*

Date of results

*11 27 08* SH

Date mailed

If you are dissatisfied with the Level I results, you may file a Level II Appeal; however, this must be done within 21 calendar days following the mailing of the results of the Level I Appeal. You may pick up a Level II Appeal from: Peralta Police Services, 333 East 8<sup>th</sup> Street, Oakland, CA 94606, between the hours of 7:00 a.m. and 7:00 p.m.



# Auto Glass Experts

P.O. Box 792 • Oakland, CA 94604  
**1-800-970-2024** • Fax: 510-532-6115  
 TAX ID: 87-0714740

Work Order No. **R 610**

Schedule Date: \_\_\_\_\_ Time: \_\_\_\_\_ Account No.: \_\_\_\_\_ Salesman: \_\_\_\_\_

Name: Tony STRANGER  
 Address: \_\_\_\_\_  
 Home No. \_\_\_\_\_  
 Bus. No. \_\_\_\_\_  
 Year: 1992  
 Make: Acura  
 Model: VIGOR  
 Style: \_\_\_\_\_  
 VIN No. \_\_\_\_\_  
 Mileage: \_\_\_\_\_  
 License: \_\_\_\_\_

Bill to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office. No. \_\_\_\_\_  
 Fax No. \_\_\_\_\_  
 Policy Name: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claim No. \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Agent No. \_\_\_\_\_  
 Date of Loss: \_\_\_\_\_  
 Deductible Amount: \_\_\_\_\_

Cash  Retail  Wholesale  Charge Card  Insurance  On Account  Return/Credit

**SORRY, PERSONAL CHECKS NOT ACCEPTED**

QTY.	PART NO.	DESCRIPTION	LABOR	MATERIAL
1	FD4510	LKD		1200
		D/d cash		

I hereby authorize repair work to be done. Signature _____	SUB TOTAL	
The work has been completed to my satisfaction. I authorize my Insurance Company to pay direct to Auto Glass Experts the full amount due to me under the terms of my policy. I understand if, for any reason, the insurance company does not pay this claim, I will be responsible for the payment of the same. I hereby grant to Auto Glass Experts Power of Attorney to sign or endorse any checks and/or drafts made payable to me, and any releases thereto, as settlement for this claim.	TAX	
	LABOR	
	TOTAL	1200 00
	DEPOSIT/DED.	
Signature _____ Date <u>1-19-08</u>	BALANCE DUE	

## VEHICLE REPORT 536-254 (4/04)

## OAKLAND POLICE DEPARTMENT

DO NOT SEPARATE PAGES

RD NO.

OAK 378777

65. ROUTING		1. CP Beat	2. Incident No.	3. Current Owner	4. License No.	State							
<input type="checkbox"/> CID		260	1345	Herndon Trinxy	A237019 GA								
<input type="checkbox"/> YSD		5. Current Owner's Sex Race DOB		6. Current Owner's Home Address	<input type="checkbox"/> Oakland	City/Zip							
<input type="checkbox"/> VICE				1116 Rawell	Columbus	Home Ph (701)							
<input type="checkbox"/> CSO		7. # of Persons in Custody		8. Cont. of Offense Report	<input type="checkbox"/> Yes	No	Georgia 687-0108						
<input type="checkbox"/> TRAF				9. Current Owner's Business Address	<input type="checkbox"/> Oakland	City/Zip	Bus. Ph (404) 227-8231						
<input type="checkbox"/> D/A Vict/Wit		10. If Yes, Crime or Charge(s)		11. Phonetically Spell All Letters and Numbers of License OR V.I.N. if No Plates Whincharles charlestwofivefiventhoncharleszerowone threefivezero									
				12. Complainant									
				13. V.I.N. 1H4CCZ559NC0119350									
		14. Vehicle Involved in Another Reported Crime		15. Year	Make	Model	Body Type						
				92	Acur	Vig	4D whi						
				Color(s)	Vehicle Type								
				<input type="checkbox"/> Auto	<input type="checkbox"/> Truck	<input type="checkbox"/> Other							
16. Nature of Incident		17. Address Where Lost/Stolen		18. Date of Theft									
Stolen 10851		1FO 572S E. 14th		7/30/06 2230									
19. Date/Time Report Taken		20. Address Where Recovered/Towed		21. Date/Time Recovered/Towed									
7/30/06/0005													
22. Reporting Party - Name		Sex	Race	Age	Home Address	<input type="checkbox"/> Oakland	City/Zip	Home Ph ( )	Bus. Ph ( )				
23. Witness - Name		Sex	Race	Age	Home Address	<input type="checkbox"/> Oakland	City/Zip	Home Ph ( )	Bus. Ph ( )				
STOLEN OR LOST VEHICLE		24. Original Plates on Vehicle			25. Plates Other Than Original on Vehicle			26. Owner Applied No.					
		<input type="checkbox"/> Front	<input checked="" type="checkbox"/> Rear	<input type="checkbox"/> Both	<input type="checkbox"/> None								
27. Legal Owner		28. Insurance Company			29. Policy No.								
Herndon Trinxy		State Farm			TO72930-C16-110								
30. Keys in Ignition		31. All Keys Accounted For		32. Engine No.		33. <input type="checkbox"/> Theft Phoned In		Date/Time 7/30/06					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Clear Tow/Repo.		Serial No. 447700					
34. Last Person Driving - Name		Sex	Race	Age	Home Address	<input type="checkbox"/> Oakland	City/Zip	Home Ph (404)	Bus. Ph ( )				
Stringer, Jimmie		M	B	35	1843 Mokane	ST NW							
35. Detailed Description of Custom Accessories, Markings or Cargo		36. Damage to Vehicle at Time of Incident											
Sunroof, 18 inch rims		CRASH											
37. Describe Location of Theft		38. Area Searched By			Serial No.	39. How Long Owned	40. Value of Vehicle/Cargo						
Street		W. Percy			83460	Yr(s) unk Mo(s)							
41. SUSPECT In Custody		Name			Sex	Race	Age (DOB)	Height	Weight	Build	Hair	Eyes	Clothing
<input type="checkbox"/> Yes													
42. Suspect's Home Address					<input type="checkbox"/> Oakland	City/Zip	Home Phone ( )		Bus. Phone ( )				
RECOVERED OR TOWED VEHICLE		43. Original Plates on Vehicle			44. Plates Other Than Original on Vehicle				45. Owner Applied No.				
		<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Both	<input type="checkbox"/> None								
46. Keys in Ignition		47. Condition of Ignition (Check One or More)			<input type="checkbox"/> Engine Hot-Wired	<input type="checkbox"/> Master/Jingle Keys	<input type="checkbox"/> No Apparent Tampering						
<input type="checkbox"/> Yes		<input type="checkbox"/> Punched/Removed			<input type="checkbox"/> Forced	<input type="checkbox"/> Ignition Hot-Wired	<input type="checkbox"/> Secondary Ignition						
48. VIN Physically Verified		49. Outside Agency			50. Outside Agency Report No.								
<input type="checkbox"/> Yes													
51. Detailed Description of Damage/Missing Parts						52.	<input type="checkbox"/> Record Cleared	HOLD	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
						<input type="checkbox"/> RTO							
53. Describe Location of Recovery				54. Tech at Scene	55. Prints Obtained	56. Tech Tag Left	57. Value of Recovered Vehicle						
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
58. If a criminal complaint is issued as a result of this police report, I hereby agree to sign said complaint and to cooperate fully in the prosecution of the case. I further agree that neither restitution nor an offer of restitution shall release me from this agreement. I hereby affirm to the best of my knowledge that the information on this form is true and accurate. I understand that when my vehicle is recovered, I am responsible for all tow and storage charges.													
Signature <i>J. D. Stringer</i> Date 5-7-06													
59. Reporting Officer/Clerk		Serial No.	60. Second Officer	Serial No.	61. Approving Supervisor	Serial No.	62. Area	63. Watch	64. Page 1				
W. Percy		83460			Shannon		3	1	of 1				

**VEHICLE REPORT** 536-254 (4/04)  
**OAKLAND POLICE DEPARTMENT**

DO NOT SEPARATE PAGES.

RD NO.

000 37877

1. CP Beat 26	2. Incident No. 1345	3. Current Owner Herndon Trinity	4. License No. PE 57019 GA
5. Current Owner's Sex Race DOB		6. Current Owner's Home Address 1116 Rawell	7. Oakland City/Zip Columbus Georgia
7. # of Persons in Custody <input checked="" type="checkbox"/>	8. Cont. of Offense Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Current Owner's Business Address	10. Oakland City/Zip Bus. Ph (404) 227-8231
10. If Yes, Crime or Charge(s)		11. Phonetically Spell All Letters and Numbers of License OR V.I.N. If No Plates JTH4CCZ5S9NCO19350	
12. Complainant		13. V.I.N.	
14. Vehicle Involved in Another Reported Crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		15. Year 92	Make Acura
		Model Vig	Body Type 4D whi
		Color(s)	Vehicle Type <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Other

**NARRATIVE INSTRUCTIONS**

- Identify additional suspects/witnesses as outlined above.
- List statements taken, and by whom they were taken.
- Itemize additional loss and all property/evidence confiscated.
- Summarize the circumstances of the incident.

- Lost/Stolen/Embezzled Vehicles:** Describe any property in the vehicle at the time of the incident which might be pawned/sold. Have complainant sign agreement on page 1.
- Recovered Vehicles:** Indicate how and where vehicle was entered and list disposition of any physical evidence.
- Impounded Vehicles:** Describe any physical evidence which might connect the vehicle with a crime.

Upon my arrival, I spoke w/ R/p Stringer, Jimmy. He told me that he had bought his vehicle from his sister (%) and then drove it out to California w/out registering it in his name. The vehicle is a 92 Acura Vig 4D whi. unk Georgia license plates. R/p Stringer, Jimmy told me that he had parked the vehicle PFO 5725 E. 14<sup>th</sup> tonight at 1730hrs. When he came out at 2230hrs, the vehicle was missing.

The R/p has all of his keys.

I had service enter the vehicle into SVS.

Per Sgt. Armstrong, I took the report from the reporting person.

**-VEHICLE REPORT 536-254 (4/04)****OAKLAND POLICE DEPARTMENT****DO NOT SEPARATE PAGES****RD NO.****016037877**

65. ROUTING		1. CP Beat	2. Incident No.	3. Current Owner	4. License No.	State					
<input type="checkbox"/> CID	76X	345	HERDON TRIXTY		ARS 7019	GA					
<input type="checkbox"/> YSD	5. Current Owner's Sex Race DOB		6. Current Owner's Home Address	<input type="checkbox"/> Oakland	City/Zip	Home Ph (706)					
<input type="checkbox"/> VICE			1116 ROWELL ST COLUMBUS, GA 31907			687-0108					
<input type="checkbox"/> CSO	7. # of Persons in Custody	8. Cont. of Offense Report	9. Current Owner's Business Address	<input type="checkbox"/> Oakland	City/Zip	Bus. Ph (404)					
<input type="checkbox"/> TRAF	(X)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			227-8283						
<input type="checkbox"/> DIA Vict/Wit	10. If Yes, Crime or Charge(s)		11. Phonetically Spell All Letters and Numbers of License OR V.I.N. if No Plates								
			ADAM ROBERT SAM SEVEN ZERO ONE NINE								
12. Complainant		13. V.I.N.									
CURRENT OWNER		JTH4CC2559NC019350									
14. Vehicle Involved in Another Reported Crime		15. Year	Make	Model	Body Type	Color(s)	Vehicle Type				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		92	ACUR	VIG	4D	WHI	<input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Other				
16. Nature of Incident		17. Address Where Lost/Stolen				18. Date of Theft	Time				
STOLEN VEH 1085(a)U.C						06 MAY 06					
19. Date/Time Report Taken		20. Address Where Recovered/Towed				21. Date/Time Recovered/Towed					
11 MAY 06 / 0950		5401 COLISEUM WY				11 MAY 06 / 0950					
22. Reporting Party - Name		Sex	Race	Age	Home Address	<input type="checkbox"/> Oakland	City/Zip				
F. MENDOZA		81	78	P	O - P - D	Home Ph ( ) Bus. Ph ( )					
23. Witness - Name		Sex	Race	Age	Home Address	<input type="checkbox"/> Oakland	City/Zip				
						Home Ph ( ) Bus. Ph ( )					
STOLEN OR LOST VEHICLE		24. Original Plates on Vehicle			25. Plates Other Than Original on Vehicle		26. Owner Applied No.				
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None											
27. Legal Owner		28. Insurance Company				29. Policy No.					
30. Keys in Ignition		31. All Keys Accounted For	32. Engine No.			33. <input type="checkbox"/> Theft Phoned in Date/Time <input type="checkbox"/> Clear Tow/Repo. Serial No.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
34. Last Person Driving Vehicle - Name		Sex	Race	Age	Home Address	<input type="checkbox"/> Oakland	City/Zip				
						Home Ph ( ) Bus. Ph ( )					
35. Detailed Description of Custom Accessories, Markings or Cargo				36. Damage to Vehicle at Time of Incident							
37. Describe Location of Theft		38. Area Searched By			Serial No.	39. How Long Owned	40. Value of Vehicle/Cargo				
						____ Yr(s) ____ Mo(s)					
41. SUSPECT In Custody		Name	Sex	Race	Age (DOB)	Height	Weight	Build	Hair	Eyes	Clothing
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		lark									
42. Suspect's Home Address						<input type="checkbox"/> Oakland	City/Zip	Home Phone ( )		Bus. Phone ( )	
RECOVERED OR TOWED VEHICLE		43. Original Plates on Vehicle			44. Plates Other Than Original on Vehicle			45. Owner Applied No.			
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None					N/A			N/A			
46. Keys in Ignition		47. Condition of Ignition (Check One or More)			<input type="checkbox"/> Engine Hot-Wired	<input type="checkbox"/> Master/Jingle Keys	<input type="checkbox"/> No Apparent Tampering				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Punched/Removed <input type="checkbox"/> Forced			<input type="checkbox"/> Ignition Hot-Wired	<input type="checkbox"/> Secondary Ignition					
48. VIN Physically Verified		49. Outside Agency				50. Outside Agency Report No.					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
51. Detailed Description of Damage/Missing Parts						52. <input checked="" type="checkbox"/> Record Cleared HOLD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> RTO <input checked="" type="checkbox"/> Towed/No.					
NO TIRES OR RIMS, RIGHT SIGNAL LIGHT GONE, NO STEREO, NO ANTENNA, DRIVER SIDE WINDOW OFF TRACK											
53. Describe Location of Recovery		54. Tech at Scene		55. Prints Obtained		56. Tech Tag Left		57. Value of Recovered Vehicle			
PARKING LOT		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4hawk			
58. If a criminal complaint is issued as a result of this police report, I hereby agree to sign said complaint and to cooperate fully in the prosecution of the case. I further agree that neither restitution nor an offer of restitution shall release me from this agreement. I hereby affirm to the best of my knowledge that the information on this form is true and accurate. I understand that when my vehicle is recovered, I am responsible for all tow and storage charges.											
Signature _____						Date _____					
59. Reporting Officer/Clerk		Serial No.	60. Second Officer		Serial No.	61. Approving Supervisor		Serial No.	62. Area	63. Watch	64. Page 1
F. MENDOZA		8178P				Sgt. J. R. 7313		03	2	of 2	

**VEHICLE REPORT 536-254 (4/04)****OAKLAND POLICE DEPARTMENT****DO NOT SEPARATE PAGES****RD NO.****06037877**

1. CP Beat	2. Incident No.	3. Current Owner	4. License No.	State			
ZEX	3415	MERDON TRIXTY	ARS 7019	GA			
5. Current Owner's Sex Race DOB		6. Current Owner's Home Address	Oakland	City/Zip	Home Ph (706) 687-0108		
		1116 ROWELL ST COLUMBUS, GA 31907			Bus. Ph (404) 227-8283		
7. # of Persons in Custody	8. Cont. of Offense Report	9. Current Owner's Business Address	Oakland	City/Zip			
0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
10. If Yes, Crime or Charge(s)		11. Phonetically Spell All Letters and Numbers of License OR V.I.N. if No Plates					
		ADAM ROBERT SAM SEVEN ZERO ONE NINE					
12. Complainant		13. V.I.N.					
CURRENT OWNER		JH4CC12559NC019350					
14. Vehicle involved in Another Reported Crime		15. Year	Make	Model	Body Type	Color(s)	Vehicle Type
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		92	ACUR	VIG	4D	WHI	<input checked="" type="checkbox"/> Auto <input type="checkbox"/> Truck Other

**NARRATIVE INSTRUCTIONS**

- Identify additional suspects/witnesses as outlined above.
- List statements taken, and by whom they were taken.
- Itemize additional loss and all property/evidence confiscated.
- Summarize the circumstances of the incident.

- Lost/Stolen/Embezzled Vehicles:** Describe any property in the vehicle at the time of the incident which might be pawned/sold. Have complainant sign agreement on page 1.
- Recovered Vehicles:** Indicate how and where vehicle was entered and list disposition of any physical evidence.
- Impounded Vehicles:** Describe any physical evidence which might connect the vehicle with a crime.

SUMMARY: ON 11 MAY 06, AT ABOUT 0942 HRS, I WAS WORKING PATROL AS O.P.O. UNIT ZL26. I WAS JUST CLEARING A DISPATCH CALL AT 5401 COLOSSEUM WY WHEN I WAS ADVISED BY HOUSE MANAGER WILSON, GROY OF A POSSIBLE STOLEN VEH LEFT IN COLOSSEUM SWAMPMEET PARKING LOT. I NOTICED VEH LIC PLT ARS 7019 (GA) 92 ACUR VIG 4D WHI WAS PARKED UNACCENDED WITH NO WHEELS. I CHECKED STOLEN VEH LIST "HOT SHEET" AND NOTICED VIC VEH LISTED AS REPORTED STOLEN VEH. I CONFIRMED VEH VIN# ON PATROL VEH 1426 COMPUTER TO BE REPORTED STOLEN ON 06 MAY 06. I NOTICED BENZINON SWIRL WAS PARKED AND A PIECE OF METAL (BROKEN OFF) INSIDE. THE VEH STEREO WAS GONE. THE BATTERY AND RADIO ANTENNA WAS MISSING. THE DRIVER SIDE WINDOW WAS OFF TRACK AND SLIGHTLY OPEN AND DOORS ON LEFT SIDE WERE UNLOCKED - UNK SUSP(S) ALSO UNK MEANS TO TAKE VIC VEH. UNK SUSP(S) STEPPED VIC VEH AND LEFT IT AT COLOSSEUM SWAMPMEET PARKING LOT. I DID A CANVASS OF THE AREA w/ NEG RESULTS. NO WIT'S LOCATED OR CONTACTED. I NOTIFIED O.P.D. COMM DIV. AND HAD VIC VEH TOWED (A-19) AS RECOVERED/STOLEN STOLEN VEH. VIC VEH WAS LEFT AT FRONT ENTRANCE OF COLOSSEUM SWAMPMEET NORTH WEST CORNER FACING WEST.

**STORED/TOWED VEHICLE REPORT**  
**Oakland Police Department 536-928 (7-04)**

<b>ROUTING</b> <input type="checkbox"/> AIUCID <input type="checkbox"/> YSD <input type="checkbox"/> VICE <input type="checkbox"/> TRAFFIC <input type="checkbox"/> D/A VIC/WIT <input type="checkbox"/> TOW UNIT	10. Incident No.	CP Beat	1. License No.	State	Mo./Yr. Exp.	2. RD No.	
	345	Z6X	ARS 7019	GA	01 /07	06-037877	
	11. Reporting Person		3. Registered Owner - Print LAST Name, First, MI (Include Jr. or Sr., if applicable)				
	F. MENDOZA 8178P		HERDON, TRIXTY				
	12. Address		4. Registered Owner's Residence Address				
	O. P. D.		1116 ROWELL ST COLUMBUS, GA 31907				
13. City <input type="checkbox"/> Oakland State/Zip		5. Year	Make	Model	City <input type="checkbox"/> Oakland	State/Zip	
		92	ACUR	VIG	40	WHI	
14. Res. Ph ( )		15. Bus. Ph ( )	6. Vehicle Identification No.				
			JH4CC2559NC0119350 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
16. Time Tow Ordered	17. Arrival Time	18. LATE TOW <input type="checkbox"/> (Over 20 Minutes)	7. Location From Where Towed			8. Reported Date   Day   Time	
0950	1008		STO 1 COLISEUM WY			11 MAY 06 THU 0950	
19. Tow Company	20. Tow No.	21. Storage Location	9. VC TOWING AUTHORITY <input type="checkbox"/> 22651(k) - (Illegally Parked) <input type="checkbox"/> 22651(o) - (Exp Reg) <input type="checkbox"/> 22669				
A&B	A-19	A&B 8717 G ST	<input type="checkbox"/> 22651(l) - (Over 5 Park'g Cites) <input checked="" type="checkbox"/> 22651(c) - (Rec. Stolen Veh) Other Tow				
22. IGNITION TAMPERING <input type="checkbox"/> No Apparent Tampering <input type="checkbox"/> Hot-wired		<input type="checkbox"/> Punched/Removed <input checked="" type="checkbox"/> Forced	23. Odometer Reading	24. Doors Locked	25. Windows Closed	26. Trunk Locked	
			147 816	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
27. REPRINT THE LICENSE NUMBER PHONETICALLY FOR ALL TOWS LICENSE NO. (Print) ADAM ROBERT SAM SEVEN ZERO ONE NINE							
ORIGINAL PLATES ON VEHICLE <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None		CITATION NO.			CITATION ISSUED FOR VIOLATION OF		
28. COMPLETE FOR VEHICLES ILLEGALLY PARKED ON THE STREET <input type="checkbox"/> 22523 (a) VC Citation issued for vehicle parked more than 72 hours on the street.							
Date Marked _____		Mileage _____	Marked By _____				
WARNING STICKER REMOVED <input type="checkbox"/> Y <input type="checkbox"/> N		MARKING IN ALIGNMENT <input type="checkbox"/> Y <input type="checkbox"/> N	Serial No. _____				
29. COMPLETE FOR VEHICLES ILLEGALLY PARKED ON PRIVATE PROPERTY - Towing Authority 22658(a) VC <b>Signature</b> "This vehicle has been abandoned on property under my control and I request that it be removed." X							
30. LIST ALL VIOLATIONS IN CONNECTION WITH THIS INCIDENT <input type="checkbox"/> Construction Zone 22651 VC <input type="checkbox"/> Date No Parking Sign Posted <input type="checkbox"/> Hold for Records Section <input type="checkbox"/> 30 Day Hold							
31. Explanation of Tow (If more space needed, attach Additional Information Report) <input type="checkbox"/> 22651 (p) VC							
32. VEHICLE DRIVER (If Different From Registered Owner) Address City <input type="checkbox"/> Oakland State/Zip Driver's License   State							
33. VEHICLE INVENTORY Overall Condition: <input type="checkbox"/> Minor Dents/Scratches <input checked="" type="checkbox"/> Moderate Damage <input type="checkbox"/> Major Damage							
CONDITION							
	Y	N		Y	N		
Motor	<input checked="" type="checkbox"/>		Radio	<input checked="" type="checkbox"/>	L.F. Tire		
Battery	<input checked="" type="checkbox"/>		Tape Deck	<input checked="" type="checkbox"/>	R.F. Tire		
Radiator	<input checked="" type="checkbox"/>		Speakers Custom (# )	<input checked="" type="checkbox"/>	R.R. Tire		
Transmission	<input checked="" type="checkbox"/>		Keys w/ Vehicle	<input checked="" type="checkbox"/>	L.R. Tire		
Motor Parts Missing			Police Seals Affixed	<input checked="" type="checkbox"/>	Bumpers		
			R. View Mirror	<input checked="" type="checkbox"/>	Seats, Front		
			S. View Mirror(s)	<input checked="" type="checkbox"/>	Seats, Rear		
			Trunk Punched	<input checked="" type="checkbox"/>	Hub Caps (# )		
			Spare Tire	<input checked="" type="checkbox"/>	Windshield (Circle) Fair Chipped Cracked Smashed		
			Jack	<input checked="" type="checkbox"/>	Wheels - Type		
Reason Under Hood Not Inventoried							
Reason Trunk Not Inventoried							
Damaged Area X = Scratches O = Dents							
 Front		 Left Side		 Right Side		 Rear	
 Top							
34. Additional Vehicle Damage (Describe) RIGHT SIDEVIEW MIRROR GONE, NO ANTENNA, DRIVER SIDE WINDOW OFF TRACK							
35. Evidence Hold for Unit/Section			Investigator			36. Supervisor Approving Evidence Hold	
DEPARTMENTAL APPRAISER USE ONLY		<input type="checkbox"/> \$300 or Less <input type="checkbox"/> \$301 - \$4000 <input type="checkbox"/> Over \$4000		Appraised By			Serial No.
37. Reporting Officer/Employee		Serial No.	38. Supervisor	Serial No.	Watch	Area	39. Page 1 of
E. MENDOZA		8178	Sgt. B. GARRETT		2	3	1

1- TROY ST	MODEL	ATLANTA	CA	10314	142151	5 SPEED	BUSINESS PHONE
12 ACURA	VIGOR	WHITE	JHACC2559NG019350	VEHICLE IDENTIFICATION NUMBER (VIN)	LOC PLATE NO/STATE		
HAT NUMBER	EMAIL ADDRESS	3/16/2008	9/6/11	PROD. DATE	ARS7019	ENGINE SIZE	CELL PHONE
						2.5	678-663-5860

# 1305

**Enterprises, Inc.**  
 806 Northside Dr.  
 Atlanta, GA 30318  
 404-873-1100



## An Independently owned and operated AAMCO Center

SERVICE DESCRIPTION	PRICE	
AAMCO EXTERNAL DIAGNOSTIC SERVICE	49.00	
<b>SERVICE RECOMMENDATION</b>		
AAMCO MAY OPERATE THIS VEHICLE FOR THE PURPOSE OF TESTING AND DELIVERY AT MY OWN RISK. I UNDERSTAND THAT THE EXAMINATION CHARGES BELOW ARE FOR REMOVAL, EXAMINATION, REASSEMBLY AND INSTALLATION ONLY. THE CHARGES DO NOT INCLUDE THE PARTS NEEDED TO REPAIR ANY OF THESE COMPONENTS. THE COST OF THE PARTS AND ANY ADDITIONAL LABOR NECESSARY TO COMPLETE THE REPAIR OF THESE COMPONENTS WILL BE ADDED TO THIS CHARGE. I HAVE THE RIGHT TO AUTHORIZE THE ADDITIONAL COST OR TO REQUEST REASSEMBLY AND INSTALLATION OF THE UNSERVICED COMPONENTS AT A TOTAL EXAMINATION CHARGE OF \$		
AUTHORIZATION FROM: PHONE: DATE: TIME: BY: MTP VERIFICATION:		
RECONDITIONED SERVICE \$0 HARD PARTS AND OTHER COMPONENTS ADDITIONAL COST (AS NEEDED)		
TORQUE CONVERTOR (ADDITIONAL COST, IF REQUIRED \$0)		
<b>TRANSMISSION SERVICE</b>		
AAMCO CLUTCH SERVICE WITH A 12 MONTH/12,000 MILE WARRANTY ON PARTS AND		
1 - N - CLUTCH SET	595.00	
LABOR TO INSTALL		
1 - N - LABOR TO INSTALL	560.00	
CREDIT - EXTERNAL DIAGNOSTIC SERVICE		
	-49.00	
<b>DISMISSION</b> TS: 595.00 LABOR: 560.00 SUBTOTAL: 1,155.00	<b>SERVICE PLUS</b> PARTS: 0.00 LABOR: 0.00 SUBTOTAL: 0.00	<b>TOTAL LABOR</b> 560.00
		<b>TOTAL PARTS</b> 595.00
		<b>SERVICE AGREEMENT</b>
		<b>SUBTOTAL</b> 1,155.00
		<b>TAX</b> 47.60
		<b>TOTAL</b> 1,202.60

INTERNATIONAL  
STORER SERVICE  
a Presidential Blvd.  
Cynwyd, PA 19004  
toll-free: (800) 623-0401

AAMCO EXTERNAL DIAGNOSTIC SERVICE

49.00

**SERVICE RECOMMENDATION**

AAMCO MAY OPERATE THIS VEHICLE FOR THE PURPOSE OF TESTING AND DELIVERY AT MY OWN RISK. I UNDERSTAND THAT THE EXAMINATION CHARGES BELOW ARE FOR REMOVAL, EXAMINATION, REASSEMBLY AND INSTALLATION ONLY. THE CHARGES DO NOT INCLUDE THE PARTS NEEDED TO REPAIR ANY OF THESE COMPONENTS. THE COST OF THE PARTS AND ANY ADDITIONAL LABOR NECESSARY TO COMPLETE THE REPAIR OF THESE COMPONENTS WILL BE ADDED TO THIS CHARGE. I HAVE THE RIGHT TO AUTHORIZE THE ADDITIONAL COST OR TO REQUEST REASSEMBLY AND INSTALLATION OF THE UNSERVICED COMPONENTS AT A TOTAL EXAMINATION CHARGE OF \$

AUTHORIZATION FROM: PHONE: DATE: TIME: BY: MTP VERIFICATION:

RECONDITIONED SERVICE \$0 HARD PARTS AND OTHER COMPONENTS ADDITIONAL COST (AS NEEDED)

TORQUE CONVERTOR (ADDITIONAL COST, IF REQUIRED \$0)

**TRANSMISSION SERVICE**

AAMCO CLUTCH SERVICE WITH A 12 MONTH/12,000 MILE WARRANTY ON PARTS AND

1 - N - CLUTCH SET

595.00

LABOR TO INSTALL

560.00

1 - N - LABOR TO INSTALL

-49.00

CREDIT - EXTERNAL DIAGNOSTIC SERVICE

DISMISSION TS: 595.00	LABOR: 560.00	SUBTOTAL: 1,155.00
--------------------------	---------------	--------------------

SERVICE PLUS PARTS: 0.00	LABOR: 0.00	SUBTOTAL: 0.00
-----------------------------	-------------	----------------

TOTAL LABOR 560.00
TOTAL PARTS 595.00
SERVICE AGREEMENT
SUBTOTAL 1,155.00
TAX 47.60
TOTAL 1,202.60

**CERTIFICATION**

I acknowledge receipt of the vehicle and a copy of this Repair Order.

**COMPLETION CERTIFICATE**

PARTS SHOWN AS EXCHANGE ARE NOT RETURNABLE

Exhibit-D

Parts-1,2,3,4,5,6,7,8

NOTTE & KREYLING, P.C.  
ATTORNEYS AT LAW  
11770 HAYNES BRIDGE ROAD 205 - 104  
ALPHARETTA, GEORGIA 30004

July 10, 2007

AP  
JIMMIE STRINGER  
P O BOX 1421  
OAKLAND, CA 94604-

Re: Georgia Power Company ("Georgia Power") Account No.: 4130745045  
Amount Due: \$ 260.08

Dear JIMMIE STRINGER,

Your account with Georgia Power is seriously past due and has been referred to my firm. It is imperative that you take prompt action to clear this balance. I strongly urge you to contact Georgia Power and make arrangements to voluntarily pay your past due debt.

Unless you notify Georgia Power that you dispute the validity of the debt or any portion of it, within thirty (30) days after receiving this notice, Georgia Power will assume this debt is valid and shall continue its pursuit of this debt even during the thirty (30) day period. If you notify Georgia Power in writing within thirty (30) days of receiving this notice, Georgia Power will provide you with verification of the debt, if it has not already been done. There has been no judgment to date and none is currently being sought.

Please be advised that Georgia Power, the original and current creditor on this debt, is attempting to collect this debt and will use any information acquired for that purpose. Finally, if payment arrangements are not made with Georgia Power within thirty (30) days, additional steps may be taken by Georgia Power to collect this debt. If the debt remains unpaid, then litigation on the claim may be undertaken by Georgia Power. Should such court action prevail, you may be subject to court costs and, in some cases, attorney's fees.

Georgia 30348, Phone 1-800-494-0385. —————— COMPANY, P.O. Box 105537, Atlanta,

Any checks or payments must go directly to GEORGIA POWER COMPANY, 96 Annex, Atlanta, Georgia 30396-0001

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Very truly yours,  
Gregg Nette

PO BOX 15630

DEPT 12

WILMINGTON DE 19850-5630



Calls to or from this company may be monitored  
or recorded for quality assurance.

507 Prudential Road  
Horsham, PA 19044

1-866-849-2443

OFFICE HOURS:

8AM-9PM MON THRU THURSDAY

8AM-6PM FRIDAY

8AM-1PM SATURDAY

May 17, 2007

UXG000

508-12217

JIMMIE STRINGER  
PO BOX 1421  
OAKLAND CA 94604-1421



FORMER CREDITOR: THE MEDICAL CENTER, INC.  
ACCOUNT #: 70453693 74751236  
REGARDING: STRINGER JIMMIE TIN  
BALANCE: \$ 322.05

\* \* \* SETTLEMENT OFFER \* \* \*

THE MEDICAL CENTER, INC. sold certain accounts owed to it, including the above account to MEDCLR, INC. NCO Financial Systems, Inc. is the servicer of this account.

You can settle this account for a lump sum payment of 241.54. This offer may expire without notice. Before making payment, please confirm with one of our representatives that this offer has not expired.

You may also make payment by visiting us online at [www.ncofinancial.com](http://www.ncofinancial.com). Your unique registration code is CUXG0001-2KQDW.

If you have any further questions or need assistance, please contact us at 1-866-849-2443.

*Bawla Beal  
510 395-5723*

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

As required by the California Consumer Credit Reporting Agencies Act, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

**PLEASE SEE IMPORTANT INFORMATION  
ON REVERSE SIDE**

Check here if your address or phone number has changed and provide the new information below.

Account #	Total Balance
UXG000	\$ 322.05
JIMMIE STRINGER	
Payment Amount	



\$

Make Payment To:



NCO FINANCIAL SYSTEMS  
PO BOX 17095  
WILMINGTON, DE 19850-7095

NCO E2  
12217

011200UXG00050000000900000000000322055

## Law Offices of Mitchell N. Kay, P.C.

\*\*N.Y. Office\*\*

7 Penn Plaza - 18th Floor

New York, NY 10001

**Call Toll Free:**  
**(800) 275-4860**

\*\*Admitted in New York & Washington D.C.\*\*

*Office Hours:*  
*Mon.-Thurs. 8:00 am to 9:00 pm EST*  
*Friday 8:00 am to 6:00 pm EST*  
*Saturday 8:00 am to 12:00 Noon EST*

November 6, 2007

Reference Number ► 63860766-11

Account Number ► 211010137775064	RE ► JIMMIE STRINGER
	Balance ► \$722.47
Creditor ► WACHOVIA BANK	

Please be advised that your account, as referenced above, is being handled by this office.

We have been authorized to offer you the opportunity to settle this account with a lump sum payment, equal to 45% of the balance due – which is \$325.11!

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid.

If you notify this office in writing within 30 days from receiving this notice, this office will: Obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification.

If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

You are invited to visit our website **resolve.mitchellnkaylaw.com** to make a settlement offer and payment online. You will need your Invitation Code, which is **MNK99MS163860766**

**PLEASE ADDRESS ALL PAYMENTS TO:**

Law Offices of Mitchell N. Kay, P.C.  
 7 Penn Plaza, New York, NY 10001-3995

**Notice: Please see reverse side for important information.**

74CSMNKP02MS1

\*\*\*Please Detach Lower Portion and Return with Payment\*\*\*

WACHOVIA BANK

Reference #: 63860766-11

Balance: \$722.47

Amount Enclosed: \$ \_\_\_\_\_



Law Offices of Mitchell N. Kay, P.C.  
 PO Box 9006  
 Smithtown, NY 11787-9006

RETURN SERVICE REQUESTED  
 63860766M21106070.000000FUTMS1



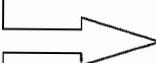
Check here if new address information listed on back

November 6, 2007

6386076611-MS1 0234679 0029271  
 \*\*\*\*\*

**PERSONAL AND CONFIDENTIAL**  
 JIMMIE T STRINGER  
 PO Box 1421  
 Oakland CA 94604-1421

**SEE REVERSE  
SIDE FOR  
REMITTANCE ADDRESS**



0638607661131106071000000000000325119000722472MS1



BAT710B1

## P.O. Box Service Fee Notice

**CIVIC CENTER OAKLAND  
201 13TH ST OFC  
OAKLAND, CA 94612  
(510) 251-3010**

### PAYMENT NOTICE

JIMMIE STRINGER  
PO BOX 1421  
OAKLAND, CA 94604

**Date of Notice: 2/11/2008  
Box Number: # 1421  
6 Months: \$35.00  
12 Months: \$70.00**

**Due Date: 2/29/2008**

Dear JIMMIE STRINGER:

This is to remind you that your post office box service or caller service fee is due. Payments can be accepted for one year or six months service and can be made by cash, check, money order, or credit/debit card to a Retail Associate at the window. Alternatively, payment can be mailed to the attention of the Postmaster at the address indicated above. If paying by check or money order, please indicate your P.O. Box number and the station's ZIP Code. Also, please include this notice with your remittance. Make your check or money order payable to: US Postal Service

When payment is made you will receive a receipt to confirm the transaction. If paying at the window, you will receive a receipt after the transaction is complete and if paying through the mail, a receipt will be left in your P.O. Box.

If payment is not received by the due date, your access to the P.O. Box will be blocked. If payment is not received by the 10th day after the due date, your service will be terminated, the lock will be changed, and incoming mail will be returned to sender. To avoid this inconvenience, we encourage you to submit your payment by the due date.

If your address or other pertinent information has changed, you are required to update the application form you submitted to us. If information has changed, please request and resubmit an:

**APPLICATION FOR POST OFFICE BOX OR CALLER SERVICE (PS FORM 1093).**

You are a valued customer and we appreciate your business.

Thank You,

WEBBATS

POSTMASTER, OAKLAND



Address Service Requested

#BWNGTXF 0  
#5781727#  
30/8468 \*\*\*\*\*SINGLE-PIECE  
JIMMIE STRINGER  
1612 187TH ST  
PO BOX 1421  
OAKLAND CA 94604



Date: September 20, 2007  
Client: SMART AND FINAL  
Reference Number: 5781727  
Check Amount: \$24.13  
Service Charge(s): \$25.00  
Payments Applied: \$0.00  
Pay this Amount: \$49.13

**Dear: JIMMIE STRINGER**

This letter is written to inform you that your bank has returned the above referenced check marked unpaid. An image of the check is presented below.

The merchant's attempt to collect this debt has failed and your account has been assigned to ClearCheck Payment Solutions, LLC for collection. This debt has been entered in a national database. Until this is resolved, you may not be able to write checks or open a checking account.

Our client insists on being paid for goods and services. Please remit full payment for \$49.13 by Money Order, Cashier's Check or Visa/MasterCard in the courtesy envelope provided. We do not accept personal checks.

Please Note: You may pay online at [www.clearcheck.com/paynow](http://www.clearcheck.com/paynow) or by using QuickCollect, Money Gram, or Phone Pay. There is an additional charge for these services. For details regarding these services, please visit our website at [www.clearcheck.com/paynow](http://www.clearcheck.com/paynow)

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.



ClearCheck Payment Solutions  
135 Interstate Blvd.  
Greenville, SC 29615  
Tel: 800-859-3170 Opt. 3

IF PAYING BY CREDIT CARD, PLEASE FILL OUT AND RETURN IN ENVELOPE PROVIDED

Date: September 20, 2007  
Client: SMART AND FINAL  
Reference Number: 5781727  
Check Amount: \$24.13  
Service Charge(s): \$25.00  
Payments Applied: \$0.00  
Pay this Amount: \$49.13

METHOD OF PAYMENT	Payment Amount
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	\$ _____
Card Holder Name: _____	
Card Number: _____ Exp. Date _____	
Signature: _____	
Phone Number: _____	

ClearCheck Payment Solutions, LLC

P.O. BOX 27087

Greenville, SC, 29616-2087



PO. Box 18072  
Hauppauge, NY 11788-8872  
  
786723  
RETURN SERVICE REQUESTED  
*Personal & Confidential*

26 59 6619  
474906

Dollar Financial Group, Inc.  
doing business through its wholly owned subsid.  
Loan Mart®, Money Mart®, Mo.  
Corner® and Money Mart Express

August 15, 2007

**Re: Loan# 255276925**

Date of Loan# June 27, 2007  
**Amount Due# \$235.29**

JIMMIE STRINGER  
644 14TH ST  
OAKLAND CA 94612-1253



Dear JIMMIE STRINGER,

Dollar Financial Group, Inc., through its wholly owned subsidiaries (doing business as LOAN MART®, MONEY MART®, MONEY CORNER® and MONEY MART EXPRESS®), has serviced your loan from Dollar Financial Group, Inc. since your loan's inception.

Your account remains delinquent. We have previously notified you of this situation, with no positive results. Please contact us immediately to make payment arrangements.

Surely your continued good credit standing with Dollar Financial Group, Inc. is important to you. Prompt payment of your account will enable you once again to take advantage of the Cash 'Til Payday® loan program.

In order to avoid further collection efforts on behalf of Dollar Financial Group, Inc., it is essential that you contact us immediately to make payment arrangements.

Thank you for your prompt attention to this matter.

Sincerely,

1-866-683-4255  
Dollar Financial Group, Inc.  
Collections Department

This is an attempt to collect a debt, and any information obtained will be used for that purpose. If you have already remitted payment in full on this loan, please disregard this letter.

For notice of bankruptcy filing, use this address: 1355 S. 4700 W., Ste#200, Salt Lake City, UT 84104-4434.

Amount Due#	<b>\$235.29</b>
Loan Number#	<b>255276925</b>
Date of Loan#	<b>June 27, 2007</b>

JIMMIE STRINGER  
644 14TH ST  
OAKLAND, CA 94612-1253

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CARD NUMBER		AMOUNT	
PHONE		EXP. DATE	
SIGNATURE		3 DIGIT SECURITY CODE FROM BACK OF CARD	

**1-866-683-4255**  
Monday - Friday 6:00 a.m. - 8:00 p.m.  
MST, Saturday 6:00 a.m. - 2:30 p.m. MST

22500-G-8744149-G1-0104-046074940  
PO Box 6030  
Hauppauge, NY 11788-0154



ER Solutions, Inc 800 SW 39th St.  
PO Box 9004 - Renton, WA 98057  
Mon-Fri 7am-7pm PST

G-8744149-G1  
Jimmie Stringer  
PO Box 1421  
Oakland, CA 94604-1421  
[REDACTED]

Date: 01/05/08  
Creditor: BANK OF AMERICA-RMS  
Client Account #: 0539940568  
ERS Account #: G-8744149  
Total Balance: \$1,151.38

Principal: \$1,151.38

Dear Jimmie Stringer,

This notice is being sent to you by a collection agency. The records of BANK OF AMERICA-RMS show that your balance of \$1,151.38 is due in full. Please contact this office so we can help you resolve your account.

If you fail to resolve this collection account, we may report your delinquent account to Equifax, Trans Union and Experian. This may affect your universal credit score.

If you have any questions about this account, please contact Joseph Lewellen toll free at 800-320-9347 EXT 2768.

Sincerely,

Joseph Lewellen, 800-320-9347 EXT 2768  
Debt Collector

**NOTICE: PLEASE SEE REVERSE SIDE FOR IMPORTANT CONSUMER INFORMATION**

Please detach the bottom portion of this letter and return it with your payment. An envelope has been enclosed for your convenience.

01/05/08

Creditor: BANK OF AMERICA-RMS  
Client Account #: 0539940568  
ERS Acct #: G-8744149

Email our office or  
You may pay your bill online with a Credit Card  
Or Checking Account at [www.erspay.com](http://www.erspay.com). Your  
Temporary identification number is 1-8744149-468

Total Balance: \$1,151.38

Amt Enclosed: US \$ \_\_\_\_\_

New Address:  
Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

G-8744149-G1  
E R SOLUTIONS, INC.  
PO BOX 9004  
RENTON WA 98057-9004  
[REDACTED]

**CCS Inc.**  
P.O.BOX 17800 ~ LAS VEGAS, NV 89114-7800  
**1-800-731-0121**

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August 9, 2007

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JIMMY STRINGER  
PO BOX 1421  
OAKLAND, CA 94604-1421

RE: Member #2369094  
Acct #7300-0300-0184-0697

Dear JIMMY STRINGER:

This letter is in response to your conversation with our Customer Service Department on 8/9/07. Our records indicate that your account is currently closed and that you have an outstanding balance due of \$846.95 for the following:

5/13/06	Membership Fee	\$199.99
5/25/06	Checking Auto Debit-MSF	-\$199.99
7/27/06	Purchase Security Guard	\$99.99
7/27/06	Credit Protection Shield	\$99.99
7/27/06	Annual Fee	\$99.00
7/27/06	Rush Processing	\$29.99
8/4/06	Checking Auto Debit-PSG	-\$99.99
8/4/06	Checking Auto Debit-CPS	-\$99.99
8/4/06	Checking Auto Debit-A/F	-\$99.00
8/17/06	Payment Reversal-A/F	+\$99.00
8/17/06	Payment Reversal-PSG	+\$99.00
8/18/06	Payment Reversal-CPS	+\$99.99
8/24/06	2 <sup>nd</sup> 1/2 Annual Fee	\$99.00
9/27/06	Late Charge	\$15.00
10/27/06	Late Charge	\$15.00
1/29/07	Late Charge	\$15.00
2/26/07	Late Charge	\$15.00
3/28/07	Late Charge	\$15.00
4/26/07	Late Charge	\$15.00
5/29/07	Late Charge	\$15.00
5/29/07	Purchase Security Guard	\$99.99
5/29/07	Credit Protection Shield	\$99.99

**CCS Inc.**

P.O.BOX 17800 ~ LAS VEGAS, NV 89114-7800  
**1-800-731-0121**

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5/29/07	Annual Fee	\$99.00
6/27/07	Late Charge	\$15.00

If you have any questions or concerns, please don't hesitate to call our Customer Service department toll free at 1-800-731-0121.

Sincerely,

**CCS, Inc.**  
Customer Service Department



098

11-07-07  
Date

11-07-07 Date

11-07-07 Date

11-07-07 Date

11-07-07 Date

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11-07-07 Date

11-07-07 Date

11-07-07 Date

11-07-07 Date

11-07-07 Date

11-07-07 Date

11-07-07 Date

Timothy Springer  
611 N 14th Street  
Oatland AS OF FUND

REASON-A  
NOT SUFFICIENT FUNDS

NSK  
S. Springer  
11-07-07

11-07-07

11-07-07

11-07-07

00000068494725725  
01/07/2008 02/25/2008  
8002/432707423

\*111,011,28222\*  
01/07/2008  
0000006530412849

This is a LEGAL COPY of your  
check. You can use it the same  
way you would use the original  
check.

RETURN REASON-A  
NOT SUFFICIENT  
FUNDS

\*19000001\*  
\*1202\*  
\*4\*  
\*00326\*

#31

## RECEIPT

DATE	No. 151506	
RECEIVED FROM	Thermy Stringer \$272	
644-144th Street Assoc.		
<input checked="" type="checkbox"/> FOR RENT	POSTED	DOLLARS
<input type="checkbox"/> FOR	Date 8-31-07	
ACCOUNT	27200	CASH
PAYMENT		CHECK
BAL. DUE	272.00	MONEY ORDER
FROM 8-1-07 TO 8-31-07 Rechelle Ormein 1182		